PROFIT CORPORATION ANNUAL REPORT 1996	WILL BE DISSULVED OF OUR DISSULVED OF OUR DISSULVED, MINIMU	ORIDA DEPARTM Sandra B. M Secretary of DIVISION OF COL	TENT OF STATE  Mortham  of State		
OCUMENT # P9	50000449	70 (8)			
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HUDDLESTON & HOSOCIA	1163, 1140.				
cipal Place of Business	Mailing A	Address		( 1624(89) the little dute date ann a	Alle Batti dalle aldie in the second
-10 DELANEY AVE. P.O. BOX 2111 ORLANDO FL 32802					
HANDO FL 32801	ONLAIM	NO TE GROCE		<ol> <li>Date Incorporated or Qualified 06/06/1995</li> </ol>	3a. Date of Last Report
	On Maile	ng Address		4, FEI Number	Applied For
Principal Place of Business	26	ing Address			Not Applicab
Suite, Apt. #, etc.	<b>├</b> ──	Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State	<u></u>	& State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip Country	28 Zip		Country	8. This corporation has liability for	or intangible tax under s. 199.032, Yes No
25	29 s of Current Registered		30	Fiorida Statutes  10. Name and Address of New I	
HUDDLESTON, JAMES W			81 Name		
617-10 DELANEY AVE.	•		82 Street Add	ress (P.O. Box Number is Not Accept	ao:e)
ORLANDO FL 32801			63		
			<u> </u>		85 Zip Code
			84 City		FL   T
of Contin	ons 607 0502 and 607.15	508, Florida Statute		poration submits this statement for the	FL September 1 to registere
Pursuant to the provisions of Section     office or registered agent, or both,     section familiar with and acceptable.	ons 607.0502 and 607.15 in the State of Florida St ept the obligations of, Sec	508, Florida Statute uch change was a ction 607.0505, Flo	es, the above-named corporation and by the corporation	poration submits this statement for the tion's board of directors. I hereby acc	FL September 1 to registere
agent. I am familiar with, and acce	ept the obligations of, Sec	ction 607.0505, Flo	es, the above-named corp uthorized by the corporat vida Statutes	and about a celabrill	e purpose of changing its registere ept the appointment as registered
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SIGNATURE AND TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_\_

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