			- 114V 4 10	602E NN			
PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPART Sandra B Secretary DIVISION OF C	MENT OF STATE  Mortham  of State			
	NT # P9500	004625					
Pat	hways to So	olutions	3				
Principal Place of Business Mailing Address  4988 S. 25th Street Same Fort Pierce, F1 34981							
					3. Date Incorporated or Qualified		
			Addross		7-1-95 4. FET Number		pp' ed For
2. Principal Place		<b>├</b> ~¬	Maling Address	5th Street	65-0592451	1 1	ot Applicable Additional
21 4988 S Suite, Apt. #. 6	3. 25th Str	<b>EEU</b> + 1	Suite, Apt #, etc		5. Cert ficate of Status Desired		lequired
22 City & State		27	C ty & State		6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees
23 Ft. Pierce, FL 26 Ft. Pierc			Ce, FL Country	8. This corporation has liability for	or intangible tax under		
Zip 24 34981	Country 25 USA	29	34981	30 USA	Florida Statutes Yes  10. Name and Address of New I		
-1 J4701	9. Name and Address of	of Current Regis	stered Agent	81 Name	(V.		_
				82 Sirect A	ddress (P.O. Box Number is Not Accep	table)	
Ва	rbara Finst	er		83			
4988 S. 25th Street Fort Pierce, FL 34981				84 City		FL 85 Z)	p Code
F.O.	in Lierce,				corneration submits this statement for th	e purpose of changing	its registered
11. Pursuant to office or reg	the provisions of Sections istered agent, or both, in familiar with, and accept	s 607 0502 and i the State of Flor the obligations i	607,1508, Florida Stati rida: Such charige was of, Section 607,0505, F	ites, the above named to authorized by the corporate Statutes	corporation submits this statement for the oration's board of directors. Thereby ac	cept the appointment	
	grature, typed or printed han ellof r			htt. Registered Agent signature	required when reals(along)  ADDITIONS/CHANGES 10 OF	TOALE FEICERS AND DIRECT	ORS IN 12
12.	OFF I	CERS AND DIRE	CTORS	13.	ADDITIONS/CHANGES TO OF	[ ] Chang	ORS IN 12
TITLE	P/S/T/D			12 NAME			
NAME CTRCCL ADDRESS	Barbara F	inster		1.3 STREET ADDRESS			
STREET ADDRESS CHTY-ST-Z:P	4988 S. 25 Fort Piero	ce, FL		1.4 CHY SL-ZIP		Cnan	ge Addition
TITLE			34981	2 1 TITLE 22 NAME			
NAME				2.3 STREET ADDRESS	•		
STREET ADDRESS				2.4 City St-ZIP		Chan	geAddition
CITY - ST - ZIP			[ DELETE	3 1 7 11 5	<del></del>		•
NAME				3.2 NAME 3.3 STREET ADDRESS			
STREET ADDRESS				34 CITY ST ZIP		Char	nae Addinon
CITY ST-ZIP			DELETE	4 1 TITLE		L_1 cuar	ige Madition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST ZIP			DELETE	4.4 CHTY - ST - 7/F 5.1 HTUF		Cha	nge Ado tion
TITLE			L. J Decene	52 NAME			
NAME				53 STREET ADDRESS	900001	႗္တစ္တန္သန္သန္အ	
STREET ADDRESS				54 CITY ST-ZIP	900001	U1033015	ange [] Add tion
CITY SI - ZIP			DELETE	6 1 TITLE	***200.00		SER
1	l			6.2 NAME			日かり

14. I do hereby certily that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 64 CITY-ST ZIP

63 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SANTAN M SUNSTEEL OF BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 (402) 466 4453

4-20-96