## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1, Corporation Name

P95000051219 (0)

913,	INC.								
Principa' Place	of Business	Mailing Address				TIN BOHN BAIDI	#HEI F)#F		
	ITH LAGOON DRIVE CITY BEACH FL 32407	8701 NORTH LAGO PANAMA CITY BEA							
					3. Date Incorporated or Qualified 06/30/1995	3a. Date	of Last i	Report	
2. Principal Pl	ace of Business	a. Mailing Address		4. FEI Number		Applied For			
21		26		59-3323178			Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & Stati	e	Otly & State			Election Campaign Financing     Trust Fund Contribution		S5.00 May Be Added to Fees		
Zipi	Country	Zip	Country	,	8. This corporation has liability for		x under	s 199.032,	
24	25	29	30			No No			
	9. Name and Address of Current R	egistered Agent		r	10. Name and Address of New I	Registered /	Agent		
			81	Nanie					
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET			82	Street Add	fress (P.O. Box Number is Not Acceptal	hie)			
SUM									
	AHASSEE FL 32301		84	City			85	Zıp Code	
					ration salum to this statement for the pu	FL	.   ' '		
SIGNATURE	Signature specificate todacers or reported apertial of OFFICERS AND I	OFFECTORS	13.		al war residing ADDITIONS/CHANGES TO OF		DIRECT		
TITLE	PTD	□ D£LE¥E	1.1107.5			Ĺ	Gliarigi	; [] Addition	
MAME	APPLEFIELD, BRYAN M	•	1.2 NAME	1.45-26-06					
STREET ADDRESS		ET 22407		1 ADDRESS					
CHY-ST-ZiP	PANAMA CITY BEACH, FL 32407 VSD		2 1 TITLE				Change	e 🔲 Addition	
TITLE	APPLEFIELD, HELEN E		2 2 NAME						
NAME GEOGRA ARROSTICO	ATAL W TAGOON DD	•		T ADDRESS					
STREET ADDRESS	PANAMA CITY BEACH,	FL 32407	2 4 CHY	}					
CHTY - ST - ZIF	TANACIA CITT BERGIT	DELETE	3 1 1016				Chang	e 🔲 Addition	
NAME		-	3.2 NAMÉ						
STREET ADDRESS			3.3 S1BE	ET ADDRESS					
C-TY - ST - 7/P			3 4 C+TY	ST ZIP					
TITLE		DELETE.	4 17/718			]	Chang	je 🔲 Addilion	
NAME			4.2 NAME						
STREET ADDRESS			4.3 STHE	1 ACORESS					
CITY-ST ZIP	1		4.4 (01)	S1-ZIP					
TITLE		DELETE	5 1 1(1)			l	Chang	ge 🔲 Addition	
NAME			5.2 NAM						
STREET ADDRESS			5 3 STAF	ET ADDRESS					
CITY-S!-ZP			5.4 C-TY	S1 7/P					
TITLE		DELETE	6.1100	:			Chang	ge 🔲 Addition	
NAME	1		6.2 NAM						
STREET ADDRESS	; <b> </b>		635186	E1 ADDRESS					

14. I do hereby certify 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. I further certify that the information indicated on trus around report is true and accorde and that my signature shall have the same legal effect as if made under cath; 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 chapter 607.

SIGNATURE: ✓

14-20-96 - 384-793-0997