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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

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DOCUMENT. Corporation Name		•	<i>)</i>					
APPLIED EN	MERGENCY MANAG	EMENT, INC.			E KARAMARA IKA DALAH AKINI ARDIK BI			11111 (111 (111
District Disco of Puni	lance	Mailing Address						
The second secon								
524 S. STAR AVENU PANAMA CITY FL 3:		524 S. STAR AVENU Panama City Fl. 32						
					3. Date Incorporated or Qualified 07/11/1995	3a. Dat	te of Last Re	port
2. Principal Place of E	Business	2a. Mailing Address			4, FEI Number		1	ppled For
1			x 64	10	59-3327212		<u> </u>	tot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional lequired
City & State		City & State	City & State		6. Election Campaign Financing	·		
		28 Panama C		<u>-                                    </u>	Trust Fund Contribution			
Zip ]	Country	29 32.404-0012	30	itry	8. This corporation has liability for Florida Statutes	es 🛮 No	IGA UNIOUI S	100.000,
	25 lame and Address of Cur		30		10. Name and Address of New		Agent	· · · · · · · · · · · · · · · · · · ·
9. 1	Valle alta Adaless di Col	Tont Hogietolog High		81 Name				
LADV LADDY T				00 0 0	dress (P.O. Box Number is Not Accept	ablot		
LARK, LARRY T				82 Street Ac	daress (F.O. Box Number is Not 2006)	curry		
524 S. ATAR AVENUE PANAMA CITY FL 32404				83	N			
PANAMA CITT	I FL 32404			04 01			<b>85</b> Zip	Code
				84 Gily	poration submits this statement for the	FI	ᆫᆝᄀ	
SIGNATURE	; typed or printed name of registered a	-9340404	(NOIE: Ragistered	Agent signature req	individual microtate gt	DATE	ID DIBECTO	RS IN 12
2.	OFFICERS	AND DIRECTORS DELETE	13. 1.1 Ti	11.F	P. T. D. C.	TI OLI IS MI	Change	Add tion
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STREET ADDRESS			638	THEET 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 this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 16, 96 904874-2924