SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000054572 (9)

AS WE GROW, INC.

Principal Place of Business Mailing Address

500 CASSIA RI VD

Principal Place of Bus	iness	Mailing Addre	SS						
590 CASSIA BLVD SATELLITE BEACH F	1 32937		590 CASSIA BLVD SATELLITE BEACH FL 32937						
WHISTELLE DENOTE IT VEVO		OTT LEET TO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3. Date Incorporated or Qualified	3a. Dat	e of Las	st Report
						07/11/1995			٠٠٠٠
2. Principal Place of 6	Business	2a. Mailing Ac	idress			4. FEI Number			Applied For
1		26				59-3324061			Not Applicable
Suite, Apt #, etc		Suite, Apt	#, etc			5. Certificate of Status Desired	M		5 Additional
22		27				a. Commence of change country	<u> </u>		Required
City & State		City & Star	e			6. Election Campaign Financing	[-]		OO May Be
23		28				Trust Fund Contribution			led to Fees
Zip	Country	Zip	<u> </u>	Country		8. This corporation has liability for i	ntangible t Yes	ax unde No	er s. 199 032
24	25	29	30	9	···	Florida Statutes 10. Name and Address of New Re	<u> </u>		
9, N	lame and Address of Cu	urrent Registered Agen	ıt	81	Name	(U. Name and Address of New Ne	gistered A	gent	
CORTEZ	, DIANE			[
3075 SWEET PINE DR.					82 Street Address (P.O. Box Number is Not Acceptable)				
MELBOU	IRNE FL 32935			83			_ -		
				53					
				84	City		FL	85	Zip Code
					<u> </u>	poration submits this statement for the property of disperse.		بلب	. 11
12.	OFFICER	S AND DIRECTORS	DELETE	13.	P	ADDITIONS/CHANGES TO OFFICE	CERS AND		TORS IN 12 nge 📈 Adritio
TITLE			DELETE	1 1 TIT;€			Ł	Chai	uđe 🕅 Vauritio.
NAME				12 NAME	15	Diane Cortez 075 Sweet Pine Dr.			
STREET ADDRESS					I ADDRESS 3	075 Sweet time Ut	1025		
CITY-ST-ZIP			DELETE	14 CiTY-	SY-ZIP	nelbourne, FL 36 1. Pres.		Cha	nge 🔏 Addition
TITLE		ليا	DELETE	21 TOTLE	1,	FORTALL	L	_	12.5
NAME				2 2 NAME	1.40000000	sonna reireit.	- Ro	ΛA	
STREET ADDRESS				•	T ADDRESS	sonna Ferrell 187 S E Zanziba alm Bay, FC 32	919	χij	
CITY-ST-ZIP			DELETE	2 4 CITY -	S1-7lf	am Day, re Ga	T	Cha	inge Additio
TITLE			JELLIE	3.2 NAME			_	_	
NAME AXASSA ADODGGG					I ADDRESS				
STREET ADDRESS				3 4. CITY					
CITY - SI - ZIP TITLE			DELETE	4 1 TITLE	2. 20			Cha	inga 🔝 Additio
NAME		لــا		4 2 NAM6					
STREET ADDRESS				1	T ADDRESS				
CITY-ST-ZIP				4 4 CiTY					
TITLE			DELETÉ	5 1 TITLE			T	Cha	ange Additio
NAME			:	5 2 NAME					
STREET ADDRESS				5 3 STREE	T ADORESS				
CITY-ST-ZIP				5.4 CITY	ST-ZIP				
TI'LE			DELETE	6 1 THLE] Cn	ange Additio
NAME		-		6.2 NAME					
STRELT ADDRESS				63STREE	ET ADORESS				
OITY-SI-7:P				6.4 City	ST-ZIP				

14. Lo bereby 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 it 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 617. 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 SANITING OFFICER OR DIRECTO

7/10/96 407 777-2537