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

SIGNATURE

DOCUN 1. Corporation LIGHT		JUU5665U (1	,		
Principal Place	of Business	Mailing Address			II OONIA BAIRI BIINO DINIO DINOI DINIFODIE IODE
5332 MAIN STREET NEW PORT RICHERY FL 34652		5332 MAIN STREET NEW PORT RICHERY FL 34652			
				 Date Incorporated or Qualified 07/21/1995 	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 Cate Act to ob.		26 9203 Foremast Avenue		59-3328717	Not Applicable \$8.75 Additional
Suite, Apt. #, etc.		27 #4423		5. Certificate of Status Desired	Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23			ey, Florida	Trust Fund Contribution	Added to Fees
Ζφ [24]	Country 25	Zip 29 34668	Country 30	8. This corporation has liability for Florida Statutes Yes	intangible tax under s. 199.032, : 🔣 No
[57]	g. Name and Address of Curre			10. Name and Address of New F	
			81 Name	oc E McKay	
	PRATION SERVICE COMPANY		82 Street Add	es F. McKay dress (P.O. Box Number is Not Acceptat	ole)
	AYS STREET HASSEE FL 32301-2525		83 920	3 Foremast Avenue. #4	4423
IALLAN	1455EE FL 32301-2525				
			84 City Por	t Richey	FL 85 Zip Code 34668
11. Pursuant t	to the gravisions of Sections 60/.050	2 and 607.1508, Florida Statul	tes, the above named corp	oration submits this statement for the pubard of directors. I hereby accept the app	rpose of changing its registered office
familiar w	th, and accept the obligations of, Go	ction 607.0505; Florida Statute	s.		
S'GNATURE	Lange Solle 1	7 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	State of tyrest or michael scarce of marstered agen	nt and little it anolic abid	James F. Ott. Bissistered Agent signature requi	MCKay Mar	ch 5, 1996
12.	Spart of typed or printed have of registered agent OFFICERS AN	nt and little if applicable (N ND DIRECTORS	Ott. Richstered Agent signature requi	ered when reinstalling! ADDITIONS/CHANGES TO OFF	
12. /	PD OFFICERS AN	Y	O1E Registered Agent signature requ	ired when reinstaling) ADDITIONS/CHANGES TO OFF P/D	
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14. Let hereby certify triat 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 certify that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or an an attachment with an address.

≱ames F. McKay

3/5/96

813/842-2511