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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

, , ,	MENT # P9500 PROPERTY MAINTENANCE	•	7)	1 1061/1061 UP 10101 01/11 001/R 01/11	- Bâliki Dâlâk ûkibi dûnû kalia sanar Jew Sabr
Principal Place	of Business	Mailing Address			
5322 BAREFOOT PATH KISSIMMEE FL 34746		5322 BAREFOOT PATH KISSIMMEE FL 34746			
				3. Date Incorporated or Qualified 07/27/1995	3a. Date of Last Report
_2. Principal PI 21	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26		59-3327338	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Bo
	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for in Florida Statutes Yes	ntangible tax under s. 199.032,
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Ro	
GRIFRI F	, Judith B		81 Name	11 - 12 - 13 - 13 - 13 - 13 - 13 - 13 -	
	REFOOT PATH		82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
	IEE FL 34746		83		
			84 City		
11 Pursuant to	o the provisions of Continue Co2 and		1 1 - 7		FL 85 Zip Code
	- 1.10 (1.00 GHOHOOO TO GHOHOH)				
ica i ilikar AMICI	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	rida Such change was authorization 607.0505, Florida Statutes	red by the corporation's boast.	pration submits this statement for the purp and of directors. I hereby accept the appo	ose of changing its registered office intended as registered agent. I am
SIGNATURE	it, artiful accept the obligations of, Sec Signature, typed or printed name of registered agen	ction 607.0505, Florida Statutes	S.	and or amoreous. Thereby accept the appor	iniment as registered agent. I am
SIGNATURE 5	in, and accept the obligations of, Soc Signature, typed or printed name of registered ager OFFICERS AN	nt and bile if applicable in OD DIRECTORS	S. DTE Registered Agent signature require 13,	ed when reinstating!	nument as registered agent. I am
SIGNATURE 5	Signature, typed or printed name of registered ager OFFICERS AN	ction 607.0505, Florida Statutes	S. DTE Registered Agent signature require 13. 1.1 TITLE	and or amoreous. Thereby accept the appor	nument as registered agent, i am
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SIGNATURE: SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/86 Dayting Place