## 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** 



FLORIDA DEPARTMENT OF STATE

ANNU	PORATION JAL REPORT 1996	REPORT Secretary of State						
• • • • • • • • • • • • • • • • • • • •	MENT # P95	00000608		•				
Principal Place of Business Mailing Address  2430 NW 49 TERR  COCONUS CREEK, FL33063						3. Date Incorporated or Qualified 95 AUG - 7	3a. Date of Last Report	
<del></del> 1 '	ace of Business	<b>2a.</b> Mailing	g Aadress SMME			4. FEI Number 51-3332752	Applied For	
Suite, Apt	#, etc	26 Surte.	Apt #. etc				Not Applicable  \$8.75 Additional	
22		27				5. Certificate of Status Desired	Fee Required	
City & State	?	City & <b>28</b>	State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zιp		Count	ry	8. This corporation has liability for i		
24	25 9. Name and Address of	29 Current Registered A	cent 3	0		Florida Statutes  10. Name and Address of New Reg	Yes X No	
PRA	JEEN BADG		<b>\$</b>	8	1 Name	75. Name and Address of Hell Ties	, second agont	
				8	2 Street Add	dress (P.O. Box Number is Not Acceptable	e)	
2430 NW 44 TERA							·	
COCONUL CREEK, FL 33063.				8	3			
•					4 City	FI 85 7 ip Code		
office or re	egistered agent or both, in the militar with, and accept the • • • • • • • • • • • • • • • • • • •	e State of Florida, Suct e obligations of Sectio en Bady	i change was auth ri 607.0505, Floric \$	horized b la Statute	y the corpora s	poration submits this statement for the pution's board of directors. I nereby accept	rpose of changing its registered the appointment as registered   The last of the control of the	
12.		HS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TIIL€		DIERCTOR	DELETE	1.11046	,		Change Addition	
NAME OTRICET ADORESIS	PRAYER BAS	DCAMIA TERR		1.2 NAMi				
STREET ADORESS  CITY-S1-ZIP	COCONUA CI	PREF. EL 3	3063	1 3 STHE	ET ADDRESS			
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NAME OTREET ARRESTS				5 2 NAMI			08023	
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CITY - ST - ZIP			DELETE	5.4 CI*Y 6.1 TI*LE			Change Addition	
NAME		,		6.2 NAME			ا يسم .	
STREET ADDRESS					ET ADDRESS		717-96	
CHTY - S1 - ZIP				6.4 CI!Y	ST-ZIP			
14. I do hereb	y certify that the information	supplied with this filing	is voluntarily furni	shed and	l does not qu	alify for the exemption stated in Section 1	19 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 legial effect as if made under oath, that I an 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 13 if changed, or on an attachment with an address. SIGNATURE: \* Proween Bodgomia , 7/11/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY

Driphe o Phara #

CR2E034 (3/96)