SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 877/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P95000063463	(0)
SUCCESS MANAGE	WENT & CONSULTING COMPA	ANY

Mailing Address Principal Place of Business



EUSTIS FL 327	STREET '26	2605-C KURT STREET EUSTIS FL 32726			Date Incorporated or Qualified	3a. Date of Last Report
					08/14/1995	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	Applied For Not Applicable
Suite, Apt #,	elc	Suite Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zιρ	Cou	ntry	8. This corporation has liability for it	ntangible tax under s. 199.032. Yes : No
4	25	29	30		Florida Statutes 10. Name and Address of New Reg	
	9. Name and Address of Curren	nt Registered Agent		81 Name	ID. Maine Bild Address of them thos	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
GRI	NHAM, GEORGE JR.					
	5-C KURT STREET		Ţ	82 Street Add	lress (P.O. Box Number is Not Acceptabl	e)
EUSTIS FL 32726			83		- 112	
			ŀ	84 City		FL 85 Zip Code
1					poration submits this statement for the pure	• —
PICKIATURE	gistered agent, or noth, in the state, familiar with, and accept the oblig lignasce typed or pessed some of regelecting	er Carritter Cappin ander (4	fizité Hagistère		ared when to rotate g: ADDITIONS/CHANGES TO OFFIC	TIME
12.	OFFICERS AN	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE	D		117			
NAME	GRAHAM, GEORGE JR.		1 2 N/	ł		
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rounereby certify that the information supplies with this reing is votinially rainabled and vides for tigoday for the exemption stated in accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this annual report or supplierental annual report is true and accurate and that my signature shall have the same legal effect as if made under cash, 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 Stututes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: AGNATURE

NOT THE OR PRINTED IN ALLE OF SIGNING OFFICER OR DIRECTOR