FILE	NOW: FIL	ING FEE AFTE	R MAY 1 IS \$	5.00				
CORF ANNU	ROFIT PORATION AL REPORT 1 <b>996</b>		FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF CORE	r S				
DOCUM 1. Corporation 8	MENT #	P9500006	8618 (4)					
,	HEAD ENTERF	PRISES INC.				isk andri marka aktal läkka kibal	 	
Principal Place of Business Mailing Address								
1004 SANDRA DRIVE			1004 SANDRA DRIVE					
MARY ESTER FL 32569 MARY ESTER FL 32569				Date incorporated or Qualified	3a. Date of LasyRep	orte.		
					09/06/1995	09/06	195	
2. Principal Place	ce of Business NOCTH D	SEAT PROV 26	Mailing Address		4. FEI Number 353 95	77	oplied For ot Applicable	
Suite, Apt. #,			Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Fee Re	Additional equired	
City & State		2110	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00	May Be to Fees	
$\frac{23}{2}$ $\frac{1}{2}$ $\frac{7}{6}$ $\frac{6}{6}$	ALTON COL		?ip	itry	8. This corporation has liability fo	r intangible tax under s 1		
24 B25	9. Name and Ad	US 73   29   Idress of Current Register	30 ered Agent		Florida Statutes Ye  10. Name and Address of New	s No Registered Agent		
				81 Name				
CRAIGHEAD, DAVID 1004 SANDRA DRIVE				82 Street				
	STER FL 32569			83				
				84 City	orporation submits this statement for the p	FL   T	Code	
familiar with	n, and accept the ob	the State of Florida. Such obligations of, Section 607.0	505, Florida Statutes.		board of directors. I hereby accept the appendix which relatively.  ADDITIONS/CHANGES TO OF	DATE		
12.	D	OFFICERS AND DIRECT	DELETE	1. 1 TLE	S	Change	Addition	
NAME STREET ADDRESS	CRAIGHEAD, 1004 SANDRA	4 DRIVE	<u> </u>	1.3 TREET ADDRESS	CRAIGHERD, GAIL 1004 SANDRA DR	M		
CITY-S1-ZIP TITLE	MARY ESTER	FL 32569	DELETE	1.4 CHY-ST-ZIP 2.13 MLE	MARY ESTHER PR	32.56 7 Change	☐ Addition	
NAME				2.2 NAME			<del></del>	
STREET ADDRESS CITY-ST-ZIP				2.3 \$16661 ADDRESS 2.4 City-St-Zip				
TITLE			☐ DELETE	3 1 TITLE		☐ Change	Addition	
NAME STREET ADDRESS	 			3.2 NAME 3.3. STREET ADDRESS				
CITY-S1-ZIP		······································	<b>Г</b> `) DELFTE	3.4 CIFY - \$1 - ZIP		Change	Addition	
TITLE NAME			ר בייניונ	4. 1 TITLE 4.2 NAME		C) change	- Idollon	
STREET ADDRESS			ļ	4.3 STREET ADORESS				
TITLE			☐ DELETE	4.4 C(TY - ST - Z)P 5 1 T() LE		Change	Addition	
NAME STREET ADDRESS				5.2 NAME 5.3 TREET ADDRESS				
CITY-ST-2IP				5.4 PTY-ST-ZIP			F1 4349	
TITLE NAME			DEFE IF	€ TAILE € TAINE		☐ Change	Addition	
STREET ADDRESS				6 REEL ADDRESS				
CITY-S1-ZIP 14. I do hereby	y certify that the info	ormation supplied with this f	iling is voluntarily furnished	6 IY-SI-7IP al does not qu	alify for the exemption stated in Section 1	19.07(3)(k), Florida Statute	es. I further	
certify that oath; that I	the information indi I am an officer or dir	cated on this annual report ector of the corporation or 13 if changed or on an atta	or supplemental annual re the receiver or tru <u>ste</u> e emp	nd le true and a	ocurate and that my signature shall have to the this report as required by Chapter 607,	ne same legal effect as if	made under	

SIGNATURE AND TYPES OF PRINCES NAME OF SIGNARY OFFICER OF D

SIGNATURE:

30 APR 96 (904)244-5400