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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sancra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P95000075326 (5)

AUUENN 1	PRINTING OF SOUTH				
al Place of Bu	Isiness	Mailing Address			
2 N.W. 22ND S		1822 N.W. 22ND ST			
IAMI FL 33142		MIAMI FL 33142		3. Date Incorporated or Qualified	3a. Date of Last Report
					[4 - P- + F
		2a. Mailing Address		09/25/1995 4. FEJ Number	Applied For Not Applicable
incipal Place o	of Business			65-06167	\$8.75 Additional
2.1. Act II of		26		5. Certificate of Status Desired	Fee Required
lite, Apt. #, etc	rc.	27			\$5.00 May Be
tu & Pinto		City & State		Election Campaign Financing Trust Fund Contribution	Added to Fees
ity & State		28	Country	This cornoration has liability for	r intangible tax under s 199.032,
	Country	Zip	Country	Etorida Statutes Yes	es M NO
	25	[29]	_ L	10. Name and Address of New	Wediereled Wally
	9. Name and Address of Cur		81 Name	JALCOLM E. G	, ICHCY
	D41#0 1		82 Street Addr	965 P.O. BoxWumber is Not Accept	PERI .
CARLSON,	, DAVID L		L	301 NW -	
145 CURTI	NINGE EL SOIGE		B3	<u> </u>	the To Codo
	RINGS FL 33166		84 City	JIDDINIA COD	DENTEL 15 33166
•			1 7 1	oration submits this statement for the pard of directors. I hereby accept the ag	ourpose of changing its registered offi
Pursuant to t	the provisions of Sections 607.0	0502 and 607, 1,08, Florida Statutes,	the above-named corpo by the corporation's boa	ard of directors, I hereby accept the ar	ppointment as registered agent. I am
or registered	agent, or both, in the State of and accept the obligations of	Section 607.0505, Florida Statutes.	•	oration submits this statement for the part of directors. I hereby accept the ag	1/18/96
					7 DKIE
ALCOHOLD IN THE			: Registered Agent signature requir	ed when reinstating:	DEFICERS AND DIRECTORS IN 19
BNATUREso	grature, blied or printed name of registered	d agent and side if design	: Registered Agent signature require	ADDITIONS/CHANGES TO C	DEFICERS AND DIRECTORS IN 12 Change Addition
	OFFICERS	d agent and title it as a state (NOTE S AND DIRECTORS DELETE		Ed when reinstating: ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTORS IN 12
. So	OFFICERS PD	S AND DIRECTORS	13. 1 1 TITLE 12 NAME	ed when reinstating: ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTORS IN 12
. Sign	PD GRACY, MALCOLM	S AND DIRECTORS	13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstatings ADDITIONS/CHANGES TO C	DEFICERS AND DIRECTORS IN 12 Change Addition
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MARCOLM GRACY SIGNATURE: