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

DOCUMENT # P95000078170 (4)

1. Gorporation ROBER		0007011	, O (1)				
Principal Place of Business Mailing Address					E IDERIGEI (IG IDIDI DIII) BII	II II BAKIN BAKIN IN BU	I BREDE HAND HAND BEIN 1981
1020 SOUTHERN OAKS LANE APOPKA FL 32712		1020 SOU APOPKA I	THERN OAKS LANE L 32712				
					3. Date Incorporated or Qualified 10/11/1995	3a. Date of	Last Report
Principal Place of Business		2a. Mailing Ad 26	ldress		4. FEI Number 59-334/1804	· · · · · · · · · · · · · · · · · · ·	Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
2 City & State		27 City & Sta	City & State		6. Election Campaign Financing		\$5.00 May Be
3		28	·· 1		Trust Fund Contribution		Added to Fees
Zip Country 4 25		Zip 29	30	ountry	This corporation has liability for intang-ble tax under s 199.032, Florida Statutes		
	9. Name and Address of Curre	ent Registered Age	nt	81 Name	10. Name and Address of New I	Registered Ag	ent
THOMPSON DOREST D							
	SON, ROBERT R OUTHERN OAKS LANE			82 Street Addre	ess (P.O. Box Number is Not Acceptal	ole)	
	A FL 32712			83			
· · · · ·	., • • • • •			84 City	 85 Ζφ Code		
11. Pursuant to or registere familiar with	othe provisions of Sections 607.056 id agent, or both, in the State of Flo n, and accept the obligations of, Se	02 and 607.1508, Flo rida. Such change w ction 607.0505, Flori	rida Statutes, the a as authorized by th da Statutes.	bove named corpora e corporation's boar	ation submits this statement for the pu d of directors. I hereby accept the app	rpose of chang jointment as reg	ing its registered office gistered agent. I am
SIGNATURE.	Signature typed or printed name of registered agri	ont and title if applicable.	(NOTE Fragiste	red Agent signature iku julied	where remarkatings	DATE	
12.		ND DIRECTORS	1	3.	ADDITIONS/CHANGES TO OF	ICERS AND D	RECTORS IN 12
TITLE	D		DELETE 1.	1 TITLE			Change 🗌 Addition
NAME	THOMPSON, ROBERT R	4412		2 NAME			
STREET ADDRESS	1020 SOUTHERN OAKS L	ANE		3 STREET ADORESS			
CITY - ST - ZIP	APOPKA FL 32712			4 CITY-S1-ZIF 1 TITLE			Change Addition
TITLE		L)		1		L.J	5 is-ige
NAME STREET ADDRESS				2 NAME 3 STREET ADDRESS			
CITY-\$1-ZIP				4 CITY - ST - ZIP			
TITLE		П		1 TITLE			Change Addition
NAME		_	1	2 NAME			_
STREET ADDRESS			3	3 STREET ADDRESS			
CITY-SI-ZIP			3	4 CITY - ST - ZIP			
TOLE			DELETE 4	1 TiTLE			Change Addition
NAME			4.	2 NAME			
STREET ADDRESS			4.	3 STREET ADDRESS			
CITY - ST - ZIP				4 CITY - ST - ZIF			
TITLE			DELFIE 5	1 TALE			Change
NAME			5	2 NAME			
STREET ADDRESS			5	3 STREET ADDRESS			
CITY-ST-ZIP			v	4 City - St - ZiP			01-1-1
THILE				1 TITLE			Change
NAME				2 NAME			
STREET ADDRESS				3 STREET ADDRESS			
City - St - ZIP	continut that the information supplier	Lwith this films is val		4 CITY - S? - ZIP	ir the exemption stated in Section 119	07/3/ld Florid	a Statutes 1 further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quarfy for the exemption stated in Section 119.07(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 legal effect as if made under early: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED ON PHINNED NAME OF SIGNING OFFER OF

3.25 A

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