PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000078836 (0)

DOCUN 1. Corporation	MENT # P950	00078836	(0)							
	INDING COMPANY OF SA	N ANTONIO, INC.								
Principal Place of Business Mailing Address						-		ONIN AROBEM ORIGINA	FILL WALL BUILDING	
7355 S.W. 9TH STREET VERO BEACH FL 32968		7355 S.W. 9TH STREET VERO BEACH FL 32968								
						3. Date Incorporated or Qualified 10/13/1995	3a. 🛭	ate of Last R	eport	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For 65-0624929 Not Applied For Not Applied For Status Desired Status Desir			· · · · · · · · · · · · · · · · · · ·		
Suite, Apt. #, etc.		Suite, Apt. #, etc.								
22	, 610.	27 27	h			5. Certificate of Status Desired	TX.		Additional Required	
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution			May Be d to Fees	
Zip	Country	Zip	Country			8. This corporation has liability for i	. •	tangible tax under s 199.032,		
24	25 9. Name and Address of Curre	29	30	******	· 	Florida Statutes Yes				
	g. Name and Address of Curre	in negistered Agent		81	Name	10. Name and Address of New R	egistere	o Agent		
GORDON, WILLIAM J				82		ess (P.O. Box Number is Not Acceptab	Io\		· · · · · · · · · · · · · · · · · · ·	
7355 S.W. 9TH STREET					Street Addi	ess (i .o. box Number is Not Acceptab			·····	
VERO BEACH FL 32968				63						
			-	84 City			F		p Code	
or registere	o the provisions of Sections 607.050 of agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was author tion 607.0505, Florida Statute	ized by the c es.	orpo	oration's boar	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of pintment	changing its r as registered	egistered office i agent. I am	
				Agen	it signature require		DATE			
12. TITLE	OFFICERS AND DIFFECTORS DELETE		13.	T. F		ADDITIONS/CHANGES TO OFF	CERS A	ND DIRECTO	PRS IN 12	
NAME	GORDON, WILLIAM J	percie	1.11I 1.2 NA			•		LI change	Audition	
STREET ADDRESS	7355 S.W. 9TH STREET				ADDRES\$					
CITY-ST-ZIP	VERO BEACH FL 32968		1.3 ST							
TITLE		DELETE		2 1 TITLE				Change	Addition	
NAME			22 NAME							
STREET ADDRESS			23 ST	REET	ADDRESS					
CITY-ST-ZIP			2 4 CI	[Y-\$	I - ZIP					
TITLE		DELETE.	3 1 11	1LE				☐ Change	☐ Addition	
NAME			3.2 NA	ME						
STREET ADDRESS			3.3. SI	REET	f Address					
CITY-ST-ZIP		En belete	3 4 CI		11 - ZIP			E3 61		
TITLE		DELETE	4. 1 Tr					Change	Addition Addition	
NAME CTREET ADDRESS			4.2 NA		ADDRESS					
STREET ADDRESS CITY-ST-ZIP			4		ADDRESS					
TITLE	**************************************	☐ DELETE	5. 1 TI		11-71L			Change	☐ Addition	
NAME			5.2 NA					J. 12. 13.		
STREET ADDRESS			l l		ADDRESS					
CITY-ST-ZIP			5.4 CI							
TITLE		DELETE	6. 1 Ti					Change	Addition	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET	ADDRESS					
CITY_ST_7IP			6 A CU	IV. C	T 710					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 oath; 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 13 or Block 13 chapped, or on an attachment with an address.

SIGNATURE:

O4-29-96 407-770-0042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description 19.07(3)(k), Florida Statutes. I further certify that the information indicated 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 oath; 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 chapter 607, 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 oath; 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. I further certified in Section 119.07(3)(k), Florida Statutes. I further certified in Section 119

CR2E034 (12/95)