FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000084430 (4)

DOCUMENT #

Address 439 STENDAL RD. NW PALM BAY FL 32907 Principal Place of Business Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. Palm Bay FL 32907		Date Incorporated or Qualified 3a. Date of Last Report
PALM BAY FL 32907 PALM BAY FL 32907 Principal Place of Business 2a. Mailing Address 26		
26		
26		10/31/1995
		4. FEI Number Applied For
Suite Ant # etc Suite Ant # etc		59-3355269 Not Applicable
¬		5. Certificate of Status Desired \$8.75 Additional Fee Required
		6. Election Campaign Financing \$5.00 May Be
City & State City & State		Trust Fund Contribution Added to Fees
Zip Country Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
25 29	30	Florida Statutes Yes Mo
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
	81 Name	
LEBARON, MAE M	82 Street A	Address (P.O. Box Number is Not Acceptable)
439 STENDAL RD. NW	83	
PALM BAY FL 32907	••	
	84 City	FL 85 Zip Code
II. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statu or registered agent, or both, in the State of Florida. Such change was author familiar with, and accept the obligations of, Section 607.0505, Florida Statute SIGNATURE.	Presiden	t 4-30-96
Signature typed or product name of registered against the of applicable (for	4016 Registere L'Agent Sepost de le	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. OFFICERS AND DIRECTORS THE PRES DELETE	13. 1 TITLE	Change Addition
INDE MAEN LORAPAN	1.2 NAM:	_
STREET ADDRESS 439 STENDAL IZD NW PALM BAY, FL B 2967	13 STREFT ADDRESS	
DITY-ST-ZIP PALM BAY, FL 3 2967	1.4 CITY+ST-2(P	
DECETE	2.1 TITLE	☐ Change ☐ Addition
VAME	2.2 NAME.	
STREET ACCIDESS	2.3 STREET ADDRESS	
ET AP	2 4 CITY - \$1 - ZIF	Change Addition
TITLE DELETE	3 1 1111 €	Ond igo
NAME	3.2 NAME 3.3 STREET ADDRESS	
STREET ADDRESS	34 CITY-ST 7P	
DITY-ST-ZIP ITILE DECETE	4 ' TITLE	Change Addition
NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
CITY - ST - Z4P	4.4 CITY - S1 - ZIP	
TITLE DELETE	5 1 TILLE	Change Addition
NAME	5.2 NAMÉ	
STREET ADD/4ESS	5 3 STREET ADDRESS	
CITY - S1 - 7IP	5.4 C(TY - ST - Z(P	Change Addition
TITLE	6 1 TITLE	
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarity for	rnished and does not out] alify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I further courale and that my signature shall have the same legal effect as if made under

407/224-4050