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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

-	1996	DIVISION OF CO	DRPORATIONS			
DOCUM	MENT # P9500 0	0092243 (1)				
1. Corporation	VIE:INI # F 30000	1092243 (1)				
FFM PL	AZA, INC.					
2,14,12				È ERTINGOL AND TOTAL BIRLA BOTTA BATAL BA	ANH BANG NAMB MANA MAN	8/888 NIN (88)
Principal Place of Business Mailing Address					Terr massa insta tiara tiari	P1002 1111 1021
2505 NORTH AIRPORT ROAD 2505 NORTH AIRPORT ROAD			VD			
FORT MYERS	FL 33907	FORT MYERS FL 33907				
				3. Date Incorporated or Qualified	3a. Date of Last F	Report
9 Dringing Dig	of Ducines	20 Malling Address		12/05/1995 4. FEI Number	1	la relie
2. Principal Pla 21	ice of Business	2a. Mailing Address		65-6193716		Applied For Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			\$8.7	5 Additional
22		27		5. Certificate of Status Desired		Required
City & State		City & State		6. Election Campaign Financing		DO May Be
23	Country	28	Ct	Trust Fund Contribution	Adde	ed to Fees
Zip 24	Country 25	Zip 3	Country	8. This corporation has liability for i	•	s 199.032,
} 	9. Name and Address of Current			10. Name and Address of New R		
			81 Name	on W. Ray		
				ess (P.O. Box Number is Not Acceptab	le)	
1201 HAYS STREET 250				North Airport Road	<u> </u>	
TALLAHASSEE FL 32301-2525 [83]						
			84 City Fort 1		- 85 Z	Zip Code 33907
11 Dureuant to	a the provisions of Sections 607 0503	and 607 1509. Florida Statutos	the about paged corner	ation authorite this atstament for the new	none of changing its	registered office
or registere	ed agent, or both, in the State of Florid	a. Such change was authorized b	by the corporation's boar	ation submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing its pintment as registere	d agent. I am
	n, and acceptitine obligations of, Section		rlton W. Ray		April 26.	I
SIGNATURE	Signature, typed or printed name of registered agent a		Rogistered Agent signature require	-	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF		
THILE	PVST	DELETE	1. 1 TITLE		☐ Change	Addition
NAME AVVISE LERROSOR	RAY, CARLTON W 2505 NORTH AIRPORT ROAD		1.2 NAME			
STREET ADDRESS CITY-ST-ZIP	FORT MYERS FL 33907		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	RAY, CARLTON W		2 2 NAME			
STREET ADDRESS	2505 NORTH AIRPORT ROAD		2.3 STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33907		2.4 CITY - ST - ZIP			
THEF		☐ DELETE	3, 1 TITLE		Change	Addition
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3.4 C(TY - ST - Z(P) 4. 1 T(TLE		Change	Addition
NAME		Section .	4.2 NAME		□ outube	
\$TREET ADDRESS			4.3 STREET ADDRESS			
CITY-SI-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELET€	5. 1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		D Briere	5.4 CITY - ST - ZIP		F3. 6:	
TITLE		☐ DELETE	6. 1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP 14. I do hereby	certify that the information supplied w	with this filing is voluntarily furnishe	■ 6.4 CITY - ST-ZIP ed and does not qualify for	or the exemption stated in Section 119.	07(3)(k), Florida Stati	utes 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 eath; that I am an officer or director of the corporation or the receiver or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 17 if the angel, or on an attachment with an address.

SIGNATURE: ___

VAME OF SIGNING OFFICE OR DIRECTOR V. Ray 4/26/96

941-481-0300 Daytinie Phone #

CR2E034 (12/95)