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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P95000097634 (6) SILVER SPRINGS SOUVENIRS, INC. Principal Place of Business 3234 N.E. 24TH STREET UNIT #4 UNIT #4						
OCALA FL	34470	OCALA FL 34470				
				 Date Incorporated or Qualified 12/21/1995 	3a. Date of L	ast Report
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number		Applied For
Suite, Ap	t. #. etc.	26 P. () 150x	505	59 - 3348468		Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$t	B.75 Additional
Orty & Sta	ate	City & State	<u> </u>	6. Election Campaign Financing		Fee Required
Zip	Country	28 SILVER SPRI		Trust Fund Contribution		5.00 May Be Added to Fees
24	25	29 34489	Country 30	8. This corporation has liability for	intangible tax und	ders 199,032,
	9. Name and Address of Ci	urrent Registered Agent	[30]	Florida Statutes Yes 10. Name and Address of New R	□ No	
			81 Name	TO THE WAS A STATE OF THE WAY	registered Agen	<u>t</u>
	, Frank h		82 Street Add	ress (P.O. Box Number is Not Acceptab		
	.E. 41ST STREET		<u> </u>	illess (F.O. BOX Number is Not Acceptab	ile)	
UCALA	FL 34479		83			
			84 City		los.	Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607 1508. Florida Statuto	o the characteristic	ration submits this statement for the pur	FL 85	l '
or registe	ered agent, or both, in the State of	Florida. Such change was authorize	s, trie above named corpo	ration submits this statement for the pure	pose of changing	its registered office.
raffilliaf W		Section 607 0606 Florida Osta Attack	or by the corporation's boa	ird of directors. I hereby accept the appo	ision se toemtaid	ered agent I am
ioni in co		Section 607.0505, Florida Statutes.	d by the corporation's boa	ration submits this statement for the pur ard of directors, I hereby accept the appo	ointment as régist	ered agent I am
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SIGNATURE	Signature, typed or printed name of registured OFFICERS	Section 607,0505, Florida Statutes. agent and little if applicable [NOT 6 AND DIRECTORS]	E. Registered Agent signature require	of when reinstating)	DATE DATE	ered agent I am
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The receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name althment with an address. appears in Block 12 or Block 13 if changer, or on all

SIGNATURE:

Frank H.G. reen (352)-840-7100