FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED May 15 1997 8:00am Secretary of State

1	MENT In Name ORS PLU	# P96 Is, INC.	00001	2746	6 (9)						
Principal Place of Business Mailing Address									MAHI EKINI HEM	TARIN IRRAIN RIVER	4 0 00 100 1
120 INTERNATIONAL PARKWAY SUITE 264 HEATHROW FL 32746				120 INTERNATIONAL PARKWAY SUITE 284 HEATHROW FL 32746-5033							
								3. Date incorporated or Qualifie 02/09/1996	d 3a. Da	te of Last Re	port
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		4	plied For
21 2			26								t Applicable
Suite, Apt. #, etc.				Suite. Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
				City & State				6. Election Campaign Financing		\$5.00	
r			28	··· ·				Trust Fund Contribution		Added to	
Zip		Country		Zip	,	Country	1	This corporation has liability f Florida Statutes		tax under s.	199.032,
24	9 Name	25 and Address of	29 Current Regi		nt	30]		10. Name and Address of New			
E00						81	Name				
E6SKUCHEN, CHARLES F JR. 120 INTERNATIONAL PARKWAY SUITE 264 HBATHROW FL 32748						82	Street Ac	Idress (P.O. Box Number is Not Accep	table		
							Direct Ac	idioa (7,0,000 Normalia Normalia			
						83					
						84	City		FL	85 Zip C	Code
11. Pursuant	to the provis	sions of Sections	607.0502 and	607,1508, F	lorida Statut	tes, the above	e-named co	orporation submits this statement for th	e purpose of	changing its	s registered
office or r agent. La	registered a _l am familiar w	gent, or both, in th ith, a <u>nd accept t</u> h	ne State of Flor ne obligation <u>s</u>	rida. Such <u>c</u> of, Section 6	bange was (507.0505, F)	authorized by orida Statute:	the corpo	orporation submits this statement for the ration's board of directors. I hereby ac	cept the app	ointment as i	registered
SIGNATURE	_		\rightarrow		C	HARLES	FES	SKUCHEN TR.	1-14-9	17	
	Signature type:	t er mirred name of reg			(NOT		ent signature re	outred when reinstating)	DATE	DIDECTOR	CIN 40
12.	Presid		ERS AND DIRE		DELETE	13.	· ·	ADDITIONS/CHANGES TO OF	FICERS AND	Change	Addition
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STREET ADDRESS	120 L	lus F. Es Nernati	onal PK	wir '	#264	1.3 STREET	ADDRESS				ľ
CITY-ST-ZIP	Hecu	throw	EL.	3274	6	1.4 CITY - 5	ST-ZIP				
THILE			7	L	DELETE	2.1 TITLE				Change	Addition
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CITY - ST - ZS*	ļ		·····] DELETE	2.4 CITY-	ST-ZIP			Change	L Addition
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STREET ADORESS						3.3 STREET	ADDRESS				
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CHY-ST-7IP			<u> </u>	· <u>-</u>	4	4.4 CITY-5	37-ZIP				
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NAME						5.2 NAME					
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THUE					DELETE	5.4 CiTY-5 6.1 TITLE	51 - ZIP	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				L.	, DELL'IL	6.2 NAME	1			Unungo	- Hamilton
STREET ADDRESS						6.3 STRFE	ADDRESS			a.	
City-St-7iP						6.4 CITY-5	- 1				ľ
	by certify th	at the information	supplied with	this filing do	es not qual			ted in Section 119.07(3)(i). Florida Stat	utes. I furthe	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 truetee 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.