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

Apr 03 1997 8:00am FLORIDA DEPARTMENT OF STATE

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| ANNUAL REPORT Socretary 1997 DIVISION OF CO | | | | ate | Secretary of State | | |
|--|---|--|--|--|--|--------------------------------------|--------|
| | MENT # P960 NNY AGENCY, INC. | 00034386 | 8 (8) | | I KARUKAN NA JAWA SIWA ARIM BUMA RA | F 82182 JUH 81886 ITAN 1814 BUJ 1881 | |
| Principal Place of Business 6215 NW 56TH LN GAINESVILLE FL 32653 | | Mailing Addre | | | | | |
| | • | •• | | | 3. Date Incorporated or Qualified 04/17/1996 | 3a. Date of Last Report | 7 |
| 21 | ace of Businoss | 28. Mailing Ad 26 | ddress | | 4. FEI Number 59 - 334 786) | Applied For Not Applicable | с С |
| Suite, Apt. : | #, etc. | Suite, Apt | #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State |) | | City & Stato | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip 24 | | | ountry | 6. This corporation has fiability for in | | | |
| 24 | 9. Name and Address of C | | | 81 Name | 10. Name and Address of New Reg | | |
| 263 Sun Gair | VNEY, KEVIN I I NW 41ST ST TE 8-2 * NESVILLE FL 32606 o the provisions of Sections 60 agistered agent, or both, in the namiliar with, and accept the | 7.0502 and 607.1508, H State of Florida, Such ch obligations of, Section 6 | orida Statutes, the lange was authoriz 07.0505, Florida St | 6215 1 83 City | ress (P.O. Box Number is Not Acceptable N.W. 56th Lane Sville Doration submits this statement for the pution's board of directors. I hereby accep | FL 85 Zip Code | 3 |
| SIGNATURE | Signature, tyled or printed name of registe | red agent and title if applicable | (NOTE: Registe | aed Agent signature requi | red when reinstating) | /C1 / DATE | |
| 12. | OFFICER | S AND DIRECTORS | 13 | | ADDITIONS/CHANGES TO OFFICE | | |
| TITLE NAME | FRANK, JANET A | , [] | | TALE NAME | | Change Addition | 1 |
| STREET ADDRESS | 6215 NW 56TH LN | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | GAINESVILLE FL 32653 | | | CITY-ST-ZIP | | | |
| TITLE | | | DELETE 2.1 | 7171.6 | | Change Addition | 1] |
| NAME | | | | NAME | | | 1 |
| STREET ADDRESS | | | | STREET ADDRESS | | | 1 |
| CITY-ST-ZIP TITLE | | | | THLE | | Change Addition | 1 |
| NAME | | _ | | NAME | | _ • | ł |
| STREET ADDRESS | | | 3.3 | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | . CITY-ST-ZIP | | | _ |
| TITLE | | LJ | i i | TITLE | | ☐ Change ☐ Addition |) |
| NAME STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | B | CITY-ST-ZIP | | | } |
| TITLE | | | | TITLE | | Change Addition | ì |
| NAME | | | 5.2 | NAME | | | |
| STREET ADDRESS | | | 5.3 | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | C(TY - S1 - Z(P | | Change Addition | - |
| TITLE NAME | e [*] | [_] | | TITLE NAME | | Li Quange Lii Addition | . |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | B | CITY-S1-ZIP | | | |
| | v certify that the information su | polied with this filing doc | | | in Section 119.07(3)(i), Florida Statutes | I further certify that the | { |

14. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 if changed, or on an attachment with an address.

SIGNATURE: