## 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 DOCUMENT # P96000075657 (2)

Principal Pia 613 S.W. 2N OCALA FL 3		Mailing Address 613 S.W. 2ND AVEN OCALA FL 34474-42					<b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </b>	
					3. Date Incorporated or Qualified 09/11/1996	3a. Date	of Last F	Report
2. Principal	Place of Business	2a. Mailing Address	3	·	4. FEI Number 9-3400179	···•		oplied For
Suite, Ap	t. # etc.	26] Suite, Apt. #, et	C.	····	5. Certificate of Status Desired		\$8.75	ot Applicable Additional
City & Str	ate	City & State	······································		Election Campaign Financing			equired May Be
23		28			Trust Fund Contribution			may be to Fees
Zip [4]	Country 25	Žíp <b>29</b> ]	Country 30	,	8. This corporation has liability for in Florida Statutes	intangible tax		. 199.032,
	9, Name and Address of Curre				10. Name and Address of New Re			
	ENDERSON, BRENDA L		81	Name				
	3 S.W. 2ND AVENUE CALA FL 34471		82 83	Street Addre	ass (P.O. Box Number is Not Acceptab	ole)		
			84	City		FL	<b>85</b> Zip	Code
	it to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida e of Florida Such change pations of, Section 607.050	Statutes, the above was authorized by 25. Florida Statutes	e-named corporation	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of choot the appoin	nanging i	ts registered registered
CLONIAGENSE				S.				
SIGNATURE	Segretarial depend or pointed name of registered age	····	(NOTE: Registered Age			DATE		<del></del>
12.	Signature: Espect of pointed name of registered age OFFICERS AN	ID DIRECTORS	(NOTE: Registered Age	ent signature require	od when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND D	IRECTOF	RS IN 12
<b>12.</b> THE	Styrm in typed of pointed name of registered asy OFFICERS AN	····	(NOTE: Registered Age 13. E 1.1 TITLE		od when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND D		RS IN 12
12. Title Name	Signature Life de partie d'anné d'ang stand ag OFFICERS AN D HENDERSON, BRENDA L	ID DIRECTORS	(NOTE: Registered Age  13.  E 1.1 TITLE  1.2 NAME	ent signature raquira	od when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND D	IRECTOF	RS IN 12
SIGNATURE  12.  THE NAME STREET ADDRESS CITY ST-ZIP	OFFICERS AN  OFFICERS AN  D  HENDERSON, BRENDA L  3450 SE 12TH STREET  OCALA FL 34471	ID DIRECTORS	(NOTE: Registered Age 13. E 1.1 TITLE	ent signature require	od when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND D	IRECTOF	RS IN 12
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12. TOLE NAME STREET ADDRESS GITY STYZEP THEE	D HENDERSON, TERRY L	ID DIRECTORS	(NOTE: Registered Age  13.  E 1.3 THLE 1.2 NAME 1.3 STREET 1.4 CITY-S	ent signature require	od when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DI	IRECTOF Change	RS IN 12
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14. I do hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGHIN

Brenda L. Henderson

4/4/97

**FILED** 

Apr 10 1997 8:00am

Secretary of State

352-629-9600

time Phone #