AMOUNT DUE F COR	NOTICE: CORPORATION WILL BON OR BEFORE 8/1/96: \$225 (IF DISPROFIT PORATION	E DISSOLVED ON OR AFTER A SOLVED, MINIMUM AMOUNT DUE FLORIDA DEPARTI Sandra B	TO REINSTATE: \$37 MENT OF STATE	5.)	
		Secretary DIVISION OF CO			
DOCUN 1. Corporation	MENT # S0877	O (7)	N 4 4 11 4 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11		
	E LANDRY INC.				âli Biâli Biâli Biâli Biasi Biasi Albii Albii Jaal
Principal Place of Business Mailing Address					
100 SATURN ROAD 100 SATURN ROAD ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086					
				3. Date Incorporated or Qualified 10/24/1990	04/27/1995
2. Principal Pi 11 Suite, Apt	ace of Business	2a. Mailing Address 26 Suite, Apt #, etc		4. FEI Number 59-3033311	Applied For Not Applicable \$8.75 Additional
City & State		27 City & State		Certificate of Status Desired Election Campaign Financing	Fee Required \$5.00 May Be
Zip	Courtry	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability to	
24	9. Name and Address of Curre		81 Namo	Florida Statutes L 10. Name and Address of New R	Yes X No egistered Agent
276	NOVAN ELIZABETH M 10 U.S. 1 SOUTH AUGUSTINE FL 32086			Address (P.O. Box Number is Not Accepta	- R5 Zip Code
office or re	o the provisions of Sections 607.05 egistered agent, or both in the Stat m familiar with, and accept the obli	e of Florida. Such change was au-	thorized by the corp	corporation submits this statement for the poration's board of directors. Thereby accept	purpose of changing its reg-stered of thic appointment as registered
SIGNATURE	Signature Typed or protect carse of tog. Jered a	gennans talein appenante (NOTE	Roginered Agents grava	e requeét when rensamg"	DÁE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
NAME	LANDRY, GEORGE	DELETE	1 1 TITLE 12 NAME	ļ	[8
STREET ADDRESS CITY - ST - ZIP	100 SATURN RD ST AUGUSTINE FL		1 3 STREET ADDRESS 1 4 C/TY - ST - Z/P		Change Addition O
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CITY-ST-2IP			64 CITY - ST ZIP		
44 Lab becal	e a serif wheat the effection of a series	and a little the a fellower in any entrantian land.	ushed and done or	e qualify for the exemption stated in Socher	110 C7r3VIA Florida Statutas, I

SIGNATURE:

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 617, Florida Statutes, and that my name appears in Block 13 if chapted, or on an attachment with an address.

IGNATURE:

| South |