FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT 1996 DOCUMENT # \$169			Secretary of State DIVISION OF CORPORATIONS (8)			
		S16920				
		ASSOCIATES,	INC			
Principal Place of Business			Mailing Address			(B)
170 W. FAIRBANKS AVENUE WINTER PARK FL 32789			170 W. FAIRBANKS AVENUE			
WINTER PAP	4K FL 32/89		WINTER PARK FL	32/89	3. Date Incorporated or Qualified	3a. Date of Last Report
					12/05/1990	05/01/1995
2. Principal Place of Business			2a. Mailing Address		4. FE! Number 59-3040374	Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
22		2				Fee Required
City & State		2	City & State		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zφ	Cour		- <u>1 — — — — — — — — — — — — — — — — — — </u>	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	9. Name and Add	2 ress of Current Re		30	Florida Statutes Yes 10. Name and Address of New F	No Registered Agent
`				ا Name عمله	TEN S. IFM	,
	SALL, PETER C.I			82 Street Addr	ess (P.O. Box Number is Not Acceptat	olei d
	BALLAND TATTI PERNGREEK AVE			83	W. MIKOMUK	5 AVE
	DO FL 32603			B4 City .	·····	85 Zip Code
				WINT	ok Pauk	FL 3220
or registered	diagent or both, in the	ne State of Floridia. Si	607.1508, Florida Statu Joh change was authori. 57.0505, Hosida Statuta	tes, the above named corpora zed by the corporation's boar	ation submits this statement for the purific difference of the appropriate app	rpose of changing its registered office oiritment as registered agent. I am
SIGNATURE	Neles 1	1. KILL	L	s.		
12.	ynature, typed or printed mai	ic of registered agent and tit OF FICERS AND DIF		OIE Registered Agent signature require. 13.		ICERS AND DIRECTORS IN 12
TITLE	D	OTTIOENS AND DIT	DELETE	1.13/11.E	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	LETTER, HELI			1.2 NAME		
STHEET ADDRESS	170 W. FAIRE WINTER PARI			1.3 STREET ADDRESS		
CITY-ST-ZIP THILF	MINIER PAR	V.FL	[] DELFTE	1.4 C/TY-S1-7/F* 2.1 TTLF		Change Addition
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-ZIP			· · · · ·	2 4 CITY - S1 - ZIP		
TITLE			☐ DELEJE	3 1 7111.15		Change Addition
STHEET ADDRESS				3.2 NAME 3.3 STREET ACCIRESS		
CITY-ST-ZIP				3 4 City - St - ZiP		
THILE			DELETE	4.1 1015		Change Addition
NAME				4.2 NAME		
STHEET ADDRESS				4.3 STREET ADDRESS		
CITY - ST - 71P			DELETE	4.4 CHY-S1-24P		Change El Addition
NAME			□ prittie	5 1 TITLE 5 2 NAME		Change Addition
STHEET ADDRESS				5 3 STREET ADDRESS		
CITY-ST-7IP				5 4 City - S1 - 2iP		
TITLE			☐ DELETE	6 1 TITLE		Change Addition
NAME				6 2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		
CITY-ST-ZIP	oad futhat the info	nation survation with	nie filipa je voluntevilu 4	6 4 City - \$1 - ZiF	or the everytion stated in Contan 440	0/19/10 Florida Statistica 14 withou
certify that the oath; that I a	he information Indica	ted or this annual rep tor of the corporation	ood or supplemental and	hual report is true and accurat se empowered to execute this	or the exemption stated in Section 119 to and that my signature shall have the s report as required by Chapter 607, Fi	same legal effect as if made under

SIGNATURE: SIGNATURE AND TWEED OF PHOTES NAME OF S

4/2/96 407/7406740