COR ANNU	NOTICE: CORPORATION ON OR BEFORE 8/1/96: \$225 PROFIT PORATION JAL REPORT	WILL BE DISSI 5 (IF DISSOLVED,	FLORIDA DEPAR Sandra B	ETO REL TATE: \$375. TMENT STATE Mortha y of Stat)	
1. Corporation	MENT # S17 NAME *** S17	7884	(5)			
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Principal Place 508 S. EDGE WINTER SPRI		!	Mailing Address 508 S. EDGEMON AVE. WINTER SPRINGS FL 327	108	T 1001/040 101 17974 1890(1970) 1011) 4	OL BLOIN BARNI DIESI BIBSI BIBSI BIBSI 1881
					 Date Incorporated or Qualified 12/07/1990 	3a. Date of Last Report 05/01/1995
2. Principal Pi	lace of Business	2a 26	. Mailing Address		4. FEI Number 59-3042285	Applied For Not Applicable
Suite, Apt	#, etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	28	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(p !4	Country 25	29	Zip	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s 199.032. Yes 🚺 No
·····	9. Name and Address of	of Current Regis	stered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	OMAS, SCOTT 3 S. EDGEMON AVE.				ddress (P.O. Box Number is Not Acceptat	No.
	NTER SPRINGS FL 3270	8			daress (1.0. flox Narriber is Not Acceptat	
				[83]		
				84 City		FL 85 Zip Code
office or re	egistered agent, or both, in t	the State of Flore	da. Such change was au	s, the above named coulthorized by the corpor	orporation submits this statement for the pration's board of directors. Thereby accep	FL Urpose of changing its registered
office or re	to the provisions of Sections egistered agent, or both, in the familiar with, and accept the section of the sec	the State of Flore	da. Such change was au	s, the above named coulthorized by the corpor	ration's board of directors. I hereby accep	FL Urpose of changing its registered
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SIGNATURE: Nullion State Thomas 8-3-96 407-620-7641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CHIEF TORK #