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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1. Corporation	1996 MENT # \$191! SADDLER OF ORLANDO, II	(-)			
Principal Place	of Business	Mailing Address			ilo BBIO BIBIO BIBIC #1810 BIBIO BIBIO BIBIO BIBIO
	TATE ROAD 436 E SPRINGS FL 32714	1076 WEST STATE ALTAMONTE SPRIM US			
2. Principal Pla	and all Durings			3. Date Incorporated or Qualified 01/01/1991	3a. Date of Last Report 04/28/1995
2. FIIIICIDA FIA 21	acti of business	2a. Mailing Address		4. FEI Number 59-3050930	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	- \$8.75 Additional
2		27		Contingate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip [4]	Country <b>25</b>	7ip <b>29</b>	Country 30		□No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New F	legistered Agent
CROW	NINSHIELD, HENRY			V 14 Bill ( 14 Bill )	
	VEST STATE ROAD 436		82 Street Addr	ress (P.O. Box Number is Not Acceptat	ole)
	ONTE SPRINGS FL 32714		83	1A: 1A householder	, and a second s
			84 City	A-B	■■ 85 Zip Code
11 Purcupat t	o the provinces of Sections 607.0000	2 002 4500 510-22 024	1 1 1		FL I'' I '
or registere	ed agent, or both, in the State of Flori	da. Such change was authori;	tes, the above-hamed corpor zed by the corporation's boar	ration submits this statement for the pur rd of directors. I hereby accept the app	pose of changing its registered office pintment as registered agent. I am
rarrillar vyjti	h, and accept the obligations of, Sect	Jon 697,0505, Florida Statute:	S.		
SIGNATURE:	Signature, typed or printed hallie of registered agent	tano title if applicable. (Ni	OTE: Ricgistered Agent signature recurren	d when reinstating)	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE NAME	D Crowninshield, Henry	[] DELETE	1. ETITLE		Change Addition
STREET ADDRESS	1076 WEST STATE ROAD 436		1.2 NAME 1.3 STREET ADDRESS		
CITY-S1-ZIP	ALTAMONTE SPRINGS FL	, 50	14 CHY-ST-ZIP		
TITLE	D	DELETE	2 1 TITLE		Change Addition
NAME	CROWNINSHIELD, GAIL	•	2 2 NAME		
CIDICI ADDOCCO	7211 Mushinski Rd.				
1			2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	□ DELETE	2 4 C-TY-S1-Z#P		Change C Addition
CITY-ST-ZIP	IAMPA FL	☐ DELETE			Change Addition
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