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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

J. Corporation J. F Principal Place 2584 HA MIDDLE	JCTION SERVICES, INC.  Mailing Address  2584 HALPERN'S WA MIODLEBURG FL 320						
ļ			~•		3. Date Incorporated or Qualified	3a. Date	of Last Report
2 Principal B	Place of Business				01/14/1991		04/11/1995
21	lace or business	2a. Mailing Address	28. Mailing Address		4. FEI Number		Applied For
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			40.75		Not Applicable
22		27		5. Certificate of Status Desired		Fee Required	
City & Stat	16	City & State 28	<b>├</b> ─┐ '		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Ζιρ <b>24</b>	Country 25	Zip <b>29</b>	Country 30		This corporation has liability for intangible tale.  Florida Statutes		under s 199.032,
	9. Name and Address of Cur				10. Name and Address of New R		gent
			61	Name			
GRUENTZEL, JAMES R. 2584 HALPERN'S WAY			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
	DLEBURG FL 32068		83				
***************************************	ELDONG I E OLOGO		84				
	<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute or registered agent, or both, in the State of Florida. Such change was authorized.</li> </ol>			City		FI	85 Zip Code
familiar wi SIGNATURE 12.	ith, and accept the obligations of, S Squature sycological partial has a of registeral at	ection 607.0505, Florida Statutes	is, are corp.	514(01) 5 106	ration submits this statement for the purpord of directors. I hereby accept the appointment of the purpord of the purpord of the appointment of the purpord	Intrient as re	gistered agent. I am
TITLE	D	☐ DELETE	1 1 THE 12 NAME 1.3 STREET ADDRESS		\$		Change
NAME STREET ADDRESS	GREUNTZEL, JAMES R.						_
CITY-ST-ZIP	2584 HALPERNS WAY MIDDLEBURG FL						
THILE	D	☐ DELETE	2 1 TITLE				A
NAM!	PLANK, CHARLES		2.2 NAME			LJ	Change
STREET ADDRESS	1769 ST IVES DR		23 STREET	ADDRESS			
CITY - ST - ZIP TITLE	MIDDLEBURG FL 32068		2 4 CITY - ST-ZIP				İ
NAME		☐ Décete	3 1 TITLE				Change
STREET ADDRESS			3.2 NAME				
City ST-ZIP			3 3 STREET	- 1			
TITLE	☐ DELETE		3 4 CITY - S1 - ZIP 4 1 TITLE				
NAME			42 NAME			Ц,	Change Addition
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 C(TY-S)				į
TIFLE	FT 04.575		5 1 TITLE		Change Addition		Change Addition
NAME			5.2 NAME				, _ =====
STREET ADDRESS			53 STHEET A	DORESS			
CITY-ST-ZIP TITLE		Fibrier	5 4 CITY - ST	ZIP			
NAME		☐ DEL€TE	6 1 THILE				Change
STREET ADDRESS			6.2 NAME				i
CHTY-ST-ZIP			63 STREET A	DDRESS			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further cartify 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR