									
PROFIT CORPORATION ANNUAL REPORT			FLORIDA DEPARTMENT OF STATE. Sandra B Mortham Socretary of State						
19	996		DIVISION OF	CORPORAT	IONS				
DOCUM 1. Corporation N	ENT#	S29701	(7)						
•	LE A. LARSO	ON. P.T.P.A.							
111101112						:			
Principal Place of	f Business		Mailing Address				E 40,0)30400 180 110010 10010 10010 0010	1 11 5 1 WINT BING BY	INI MINI GINI DINI INDI
3130 HILLSIDE LN			3130 HILLSIDE LN						
SAFETY HARBOR FL 34695 US			SAFETY HARBOR FL 34695 US			3. Date Incorporated or Qualified	3a Date of	Last Report	
US							02/01/1991	1	01/1995
2. Principal Plac	e of Business		2a. Mailing Address				4. FEI Number		Applied For
21 6246		achusetts	26 6246 M	عكلار	huset	HS	59-4048203		Not Applicable
Suite. Apt. #,		\ TI	Suite, Apt. #, etc.	+ D'	-1-	ニノ	5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	KOT KU	cosan 1 m	Oity & State	<u> </u>	CD CON		6. Election Campaign Financing		\$5.00 May Be
23 3465	3		28 34653				Trust Fund Contribution		Added to Fees
Zip		Sountry	Zip	30 5	try CoSCC	-	This corporation has liability for Florida Statutes Yes		under's 199.032,
24	9 Name and	Address of Current I	29 Registered Agent	[30]	<u></u>		10. Name and Address of New F	Registered Ag	jent
					81 Name				
MICHELL	E A. LARSON			-	B2 Street	Addre	ss (P.O. Box Number is Not Acceptal	ole)	
	LSIDE LANE			}	83				
SAFETY	HARBOR FL 3	4695		ŀ	84 City			 -	85 Zip Code
ļ								FL	
			nd 607,1508, Florida Statut i. Such change was authoriz n 607.0505, Florida Statutes		e named o orporation's	orpora i board	tion submits this statement for the pu I of directors. I hereby accept the app	irpose of chang pointment as re	ging its registered office agistered agent. I am
SIGNATURE _	Supplier Knad croud	estinante of regularies agost es	·····································	O'r Begistered	Agent signature	enquirent	when renstating-	DATE	
12.	i grigation Types to City	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF		
TITLE	P		☐ DELETE	1.11					Change
NAME	LARSON, M			12 NA	ME REE! ADDRESS:		pezom 4460	chuse	the Ave.
STREET ADDRESS	3130 HILLS				n - ST-ZIP		Jew Port Ric	hay F	L 34653
CITY-ST-ZIP TITLE	SAFETY HA	NOUN FL	☐ DELETE	2 1 TI	TLE	—			Change Addition
NAME				2.2 NA					
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NAME					erie Refladuress	,			
STREET ADDRESS CITY-ST-ZIP					ty-S1-ZiP				
TITLE			☐ DELETE	5 1 T	ITLE				Change Addition
NAME				5 2 N					
STREET ADDRESS					RECT ADDRESS	5			
CITY-ST-ZIP			DELETE	611	TLF	1		Γ	Change Addition
TITLE				62 N					

14. If 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 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

63 STREET ADDRESS

6 4 CITY - ST - ZIP

STREET ADDRESS

SIGNATURE: MILLIOU SONOW PT PA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHELLE A. Larson

4 22 196 813 849-4864

CR2E034 (12/95)