•	PROFIT PORATION JAL REPORT 1996	Sandra Secret DIVISION OF	ARTMENT OF STATE B. Mortham tary of State CORPORATIONS			
1. Corporation	MENT # S3082 PARTNERS I, INC.	23 (6)				1211 01814 A1814 B1814 1884
Principal Place		Mailing Address		* 100/10/05 100 14/11 00/06 18/10 18/10		
307 NE 36 / S-1 OCALA FL 3		307 NE 36 AVE S-1 OCALA FL 34470		Date incorporated or Qualified	3a. Date of	
·	ace of Business	2a. Mailing Address		02/07/1991 4. FEI Number	04/2	25/1995 Applied For
21 Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.		59-3068817		Not Applicable 8.75 Additional
22		27		5. Certificate of Status Desired		Fee Required
City & State	}	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for i Florida Statutes Yes	□No	nder s 199.032,
	9. Name and Address of Curre	ent Hegistered Agent	B1 Name	10. Name and Address of New R	egistered Age	ent
ROBSON, DENNIS J., P.A. 307 NE 36 AVE			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
307 NE S1	36 AVE		83			
	FL 34470		84 City			35 Zip Code
			1 1 1			a zip code
familiar wit	to the provisions of Sections 607.050 ed agont, or both, in the State of Floth, and accept the obligations of, Sec			rration submits this statement for the pur ard of directors. I hereby accept the appo	FL	no ito vocioto and a Wasa
familiar wit	ed agont, or both, in the State of Ho th, and accept the obligations of, Sec Signature, typed or printed name of registered ago	ett and title ill applicable. PAC	ed by the Corporation's boa Tt: Registered Agent signature require	ard of directors. Thereby accept the appointment of the compared when reinstating.	pose of changi pintment as reg	ng its registered office istered agent. I am
familiar wit	th, and accept the obligations of, Sec Signature, typed or printed name of registered ago	orida. Stich change was authorization 607.0505, Florida Statutes	ed by the corporation's boa s.	ard of directors. Thereby accept the appo	pose of changing pose of changing pointment as regular to the post of the post	ng its registered office istered agent. I am
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