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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

S31372

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| DANIEL | MENT # S3137 Name . H. BORCHER & COMPAN | NY, INC. | • • | | | | | | |
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| rincipal Place o | | Mailing Addre | | | . A. M | | 191 3 1191 310 11 0 1 | E | AIDIA BIBII 3981 |
| 4463 BARNAE JACKSONVILI | = | P O BOX : Suite 5 | 24469 | | | | | | |
| US | | | JACKSONVILLE FL 32241 | | | Date Incorporated or Qualified | | | |
| | | U\$ | | | | 02/12/1991 | | 05/01/19 | |
| , Principal Pla | ce of Business | 2a, Mailing Ad | ddress | | | 4. FEI Number | | <u> </u> | Applied For |
| 2225 | 5.R. 3 | 26 | | | | 59-3080891 | | | Not Applicable |
| Suite, Apt. # | , etc. | Suite, Apt | t. #, etc. | | | 5. Certificate of Status Desired | | | Additional Required |
| City & State | _ | City & Sta | ate | ALIJA | | 6. Election Campaign Financing | <u></u> | \$5.0 | 0 мау Ве |
| 51. | AUGUSTINE, F. | <u>لــ [28]</u> | | | | Trust Fund Contribution | | | d to Fees |
| Zip 🐠 | 32684 Country | Zφ | | Country | | 8. This corporation has liability for | | ax under s | 199.032, |
| 724 | a Name and Address of Curren | 29 | ni | 30 | | Florida Statutes Y | es No Registered | Agent | |
| | 9. Name and Address of Currer | iit ritigistereo Age | | 81 | Name | 10. Home and Address of New | , ichisicien | Agur | |
| RARCHE | ER, DANIEL H. | | | | | (D.O. Flav Niverbox in Not Accept | oble) | | |
| | RNABY DR | | | 82 | Street Addre | ess (P.O. Box Number is Not Accept | aulej | | |
| SUITE 5 | | | | 83 | | | | | |
| | NVILLE FL 32217 | | | 84 | City | | | 85 Zij | p Code |
| | | | | | | | FL | 65 27 | p Gode |
| Pursuant to or registere | o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori | 2 and 607,1508, Fk ida. Such change w | orida Statute vas authorize | | • | ation submits this statement for the production of directors. Thereby accept the a | | | registered offic Lagent. Lam |
| ignature. | o the provisions of Sections 607.0502 ad agent, or both, in the State of Flori h, and accept the obligations of, Sect Signature, trice or printed name of registered agen | ot and tills, if application | | as, the above-noted by the corporate Federal Agent | amed corpora pration's boar | d when renstating) | ourpose of ch ppointment a DATE | nanging its r s registered | |
| IGNATURE. | Signature, typico or printed name of registered agen OFFICERS AN | st and tills if applicable ND DIRECTORS | ron) | es, the above-ned by the corporate Federal Agent | amed corpora pration's boar | | DATE DEFICERS AN | nanging its r s registered D DIRECTO | DRS IN 12 |
| ignature ; 2. Tle | Signature, typico or printed name of registered agen OFFICERS AN | st and tills if applicable ND DIRECTORS | | s, the above-ned by the corporate Registered Agent 13. 1.11/ILE | amed corpora pration's boar | d when renstating) | DATE DEFICERS AN | nanging its r s registered | |
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| IGNATURE: 2. TLE AME TREE! ADDRESS | Signature, typico or printed name of registered agen OFFICERS AN | st and tills if applicable ND DIRECTORS | ron) | s, the above-ned by the corporate Registered Agent 13. 1.11/ILE | amed corpora pration's boar is gnature required | d when renstating) | DATE DEFICERS AN | nanging its r s registered D DIRECTO | DRS IN 12 |
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SIGNATURE: \

SIGNATURE AND TYPED OR PRINTELL NAME OF SIGNING OF FICER OR DIRECTOR

4/3/96

964-44-7600 Daytime Phone #