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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1996

| mie pal Place d | | IG, INC. | | | | | | |
|--|--|---|--------------------------------------|------------------------|---|--------------------------------|--------------------------------|---|
| Principal Place of Business 4005 15TH ST, S.W. LEHIGH ACRES FL 33971 | | Mailing Actoress 4005 15TH ST. S.W. LEHIGH ACRES FL 33971 | | | 1 130(1313 133 (1797 3770) 1130 | | 1.0.1. E1841 618 11 | 41911 419 11 1491 |
| | | | | | 3. Date Incorporated or Qualified | | | |
| Principal Plac | xit Place of Business 2a. Mailing Address 26 | | | | 4. FEI Number 65-0316124 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. City & State | | Suite. Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Add Fee Requ | | | |
| | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| Ζφ] | Country 25 | Ζ _Ι ρ 29 | Cour 30 | try | 8. This corporation has liability Florida Statutes | for intangible Yes \[\] No | tax under s | 199.032, |
| | 9. Name and Address of Curre | nt Registered Agent | | 31 Name | 10. Name and Address of Ne | w Registere | d Agent | |
| IGNATURE . | , and accept the obligations of, sec | uon 607.0505, Flonda Statute | tes, the abov zed by the co s. | | ration submits this statement for the and of directors. I hereby accept the a | | | o Code egistered office agent. I am |
| 2. | gretor: Upic Los priodes nature of registered agent and are if accessable (NO OF FICERS AND DIRECTORS | | OII Begistered A | gort signature require | | DATE | ID DIDECTO | 50.11.40 |
| LE Mi HEC ADDRESS TY ST-ZP | ANDRADE, ALFREDO C. 4005 15TH ST. S.W. LEHIGH ACRES FL | DELETE | 1 1 THT 1.2 MAA 1.3 STR | et address | ADDITIONS/CHANGES TO (| JIFFICENS AN | ☐ Change | Addition |
| rte Ms Resi Address | VP GENE, JEROME P. O. BOX 1322 LEHIGH ACRES FL | DELETE | 2 1 THT 2 2 NAM 2 3 STR | E E1 ADDRESS | | | ☐ Change | Addition |
| LY ST ZIP LE Mi HEET ADDRESS | S BARGER, ANTHONY 4216 6TH ST. WEST LEHIGH FL | ⊠ DELETE | 3 1 TH 3 2 NAM | | | | Change | Addition |
| Y-S1-ZIP LF | BOT HOLLS & | DETEA | 4. 1 THE 4 2 NAM 4 3 STRE | ET ADDRESS | | | Change | Addition |
| BEET ADDRESS | | | 4 4 City 5 1 Tite | -ST-ZIF | | | Change | □ Add tion |
| HEEL ADDRESS IY ST-ZP LE MELL ADDRESS Y ST-ZIE Y ST-ZIE | | ☐ DELFTE | 5.2 NAM 5.3 STRE | | | | one go | ☐ Add≀tion |

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 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

SIGNATURE:

3-11-96 941-369-7774