- F11 E	NOW: FILIN	G FEE AF	TER MAY 1 IS	\$225.00		
PF CORPC ANNUA	PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # S35341 (4)						
	N VARLEY ASS	OCIATES, IN	C.)	
Principal Place of	Business		Mailing Address		- I YADANTIN IBI BAHAN ANDAD MINI AN	MBI 1181 01891 01811 Uldit utart ater ander anger anger
C/O JACK M. VARLEY 250 WYMORE RD.		C/O JACK M. VARLEY 250 WYMORE RD. WINTER PARK FL 32789				
WINTER PARK FL 32789				3. Date Incorporated or Qualified 02/01/1991	3a. Date of Last Report 03/08/1995	
2. Principal Plac	e of Business	40.4.4.0	2a. Mailing Address	HTZANO BUC	4. FEI Number 59-3053269	Applied For Not Applicable
	S. MAITLA]	Suite, Apt. #, etc.	مدا	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	204 172.AND	<u> </u>	27	na FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 M/T	Count	Y C A	28 M MILIT	Country 30 USA		s
24 25 60 1.	9. Name and Addr	ess of Current R	legistered Agent		10. Name and Address of New	Registered Agent
250 WYMORE RD. WINTER PARK FL 32751 84 City MAR					ALTLAND	FL 85 Zp Code 32.75/
11. Pursuant to or registere familiar with	o the provisions of Sec ed agent, or both, in th n, and accept the oblig	tions 607.0502 ar e State of Florida gations of, Section	nd 607.1508, Florida Statuti Such change was authoriz 607.0505, Florida Statutes	es, the above-named corporation's bo	oration submits this statement for the p lard of directors. I hereby accept the ap	urpose of changing its registered office i pointment as registered agent. I am
+.6144TUBE	Signature typed or printed nari			DIE Flegistered Agent's griature requi	red when reinstating)	DATE
12.	Signature typed or printed hart	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO O	FFICERS AND DIBECTORS IN 12 Charge Addition
TITLE NAME STREET ADDRESS	PS JACK M. VARL 250 WYMORE	ROAD	☐ DELETE	1.1 TITLE 12 NAME 1.3 STREET ADDRESS	235 S. MATTLA MAIRAND FR	HO AUE STE 204
CITY - S1 - ZIP	WINTER PARK	FL	☐ DELETE	1.4 City-St-ZiP 2 1 TitlE 2.2 NAME	MINICHTE	☐ Change ☐ Addition
NAME STREET ADORESS CITY-ST-ZIP				2 3 STREET ADDRESS 2.4 City-St-Zip		☐ Change ☐ Addition
DITLE NAME STREET ADDRESS			☐ DELETE	3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS		□ One ngs □ roomon
CHY-ST-ZIP			DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE		☐ Change ☐ Addition
NAME				4 2 NAME 4 3 STREET ADDRESS		

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 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 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 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 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 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 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 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 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 under the certific that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if under the certific that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if under the certific that the information indicated annual report is true and accura 6.4 CITY - ST- ZIP

4.4 CITY - ST - ZIP

5 4 CITY - S1 - ZIP

6.3 STREET ADDRESS

5. 1 TITLE

5 2 NAME 5.3 STREET ADDRESS

6. 1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

TITLE

NAME

21

JACKHI VALLEY

DELETE

DELETE

4-26-96 Date

(407) 645-4766

Change Addition

Change

Add-tion