FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # S3724 Ong, INC.	8 (9)		1 10 11 11 11 10 10 10 10 10 10 10 10 10) (641 648)) \$1811 61814 61814 61814 618
Principal Place of Business 10414 DEEPBROOK DR RIVERVIEW FL 33569 US		Mailing Address 10414 DEEPBROOK DR RIVERVIEW FL 33569 US			
00		05		3. Date Incorporated or Qualified 03/08/1991	3a. Date of Last Report 04/04/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 59-3119161	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		Not Applicable \$8.75 Additional
22		27	├		Fee Required
City & State		City & State	City & State		\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for	intangible tax under s. 199 032,
24	25 9. Name and Address of Curre	29 nt Registered Agent	30	Florida Statutes Yes 10. Name and Address of New I	Registered Agent
			81 Name		
TAYLOR, KRISTIN 10414 DEEPBROOK DR			82 Street Add	ress (P.O. Box Number is Not Acceptal	Ble)
	EEFBROOK DR EW FL 33569		83		
	, 2 20000		84 City		Total Table 1
			1 1	ration submits this statement for the pu	FL 85 7ip Code
SIGNATURE	n, and accept the obligations of, Sec Stynative, typod or printed name of registered agen	tion 607.0505, Florida Statute	CHE Registered Apart signature required		DATE DATE DATE DIFFERS AND DIFFE CTORS IN 12
TITLE	VP	☐ DELETE	1, 1 TITLE		Change Addition
NAME	STASZAK, DAVID J 10414 DEEPBROOK DR		1.2 NAME		
STREET ADDRESS CITY+ST-ZIP	RIVERVIEW FL		1.3 STREET ADDRESS		
THE	PST	☐ DELETE	2 1 TITLE		Change Addition
NAME	KRISTIN TAYLOR		2.2 NAME		
STREET ADDRESS	10414 DEEPBROOK DR RIVERVIEW FL		2 3 STREET ADDRESS		
TITLE	VIACUAICIA LE	☐ DELETE	3 1 TINE		Criange Addition
NAME			3.2 NAME		C tange C Rootton
STREET ADDRESS			3.3 STREFT ADDRESS		
CHY-ST ZIP			34C-1Y-S1-Z-P	·	A
THILE NAME		☐ DELETE	4 1 TITLE		Change Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIF			4.4 Cily S1-ZiP		
TILE		☐ DELETE	5 1 TILLE		Change Addition
NAME			5.2 NAME		_
STREET ADDRESS			53 STREET ADDRESS		
CITY - S1 - ZIP		הה בזר	5.4 CHY-\$1-7IP		
TOTALE NAME		☐ DELETE	6 1 TITLE		Change Addition
STREET ADDRESS			6.2 NAME		
CITY - ST - ZIP			6.3 STREET ADDRESS 6.4 C/TY+ST+ZiP		
14. I do hereby	certify that the information supplied	with this filing is voluntarily furr	shed and closs not qualify f	or the exemption stated in Section 119 ite and that my signature shall have the	.07(3)(k), Florida Statutes, I further

• Too 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 oath; that I am an officer or director of fine 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/96 6534496