COR ANNL	NOW: FILING FE PROFIT PORATION JAL REPORT 1996 0 0 0 1	FLORIDA DE Sand Soci Division	IS \$225.00 PARTMENT OF STATE ra B Mortham etary of State		
Principa! Place 2323 CURLE SUITE 7E	W ROAD OR FL 34683	Mailing Address 2323 CURLEW ROA SUITE 7E PALM HARBOR FL 1		<ol> <li>Date Incorporated or Qualified</li> <li>03/28/1991</li> </ol>	3a. Date of Last Report 04/10/1995
21		2a. Mailing Address 26		4. FEI Number 59-3075352	Applied For Not Applicable
Suite, Apt. #		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional     Fee Required
City & State	City & State City & S			6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip 24	Country 25	21p	Country 30	8. This corporation has liability for in Florida Statutes	
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Re	
ABERNATHY, JAMES MARK 2323 CURLEW ROAD SUITE 7E PALM HARBOR FL 34683 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the or registered agent, or both, in the State of Florida. Such change was authorized by familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			83 84 City utes, the above-named corpora ized by the corporation's bear	ess (P.O. Box Number is Not Acceptable alion submits this statement for the purp of directors. I hereby accept the appo	FL 85 Zip Code
SIGNATURE	n, and accept the obligations of, So Signalim, typed or printed name of registered agr		NOTE: Rog stered Agent signature required	and a second state at	
12. TITLE NAME STREET ADDRESS	OFFICERS A D ABERNATHY, JAMES MARI 2323 CURLEW RD., #7E		13.         1.1 THLE           1.2 NAME         1.3 STREEL ADDRESS	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PALM HARBOR FL	[]] DELETE	1.4 CHY-ST-ZIP 2 1 THLF 2 2 NAME 2 3 STREET ADDRESS 2 4 SUNC CT. 20		Change Chaddition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 SIMEET ADDRESS 3.4 CTY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] DELETE	4. 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] DELFTE	5. 1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		Change Addition
TITLE NAME STREET ADDRESS CHTY-ST-ZIP <b>14.</b> I do hereby	certify that the information supplied	DELETE	6.11/TLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CTTY - ST - ZIP	r the exemption stated in Section 119.0	Change Addition
oath; that I	and into tradicated on this an am an officer or director of the con- Block 12 or Block 13 if changed, or $\lambda$	nual report or supplemental an	Inual report is true and accurate ee enjowered to execute this dress.	report as required by Chapter 607, Flor 6/3/9/6	ame legal effect as if made under rida Statutes; and that my name