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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

VAND	MENT # n Name DERPOL EN	\$4448 TERPRISES, INC	(	8)				
Principal Place	of Business	· · · · · · · · · · · · · · · · · · ·	Mailing Address			{	BABA BARA DINSIA BABAR BABAR BA	
255 TANGELO WAY KISSIMMEE FL 34743		255 TANGELO WAY KISSIMMEE FL 34743						
						3. Date Incorporated or Qualified 04/08/1991	3a. Date of Last F 06/20/1	
2. Principal Place of Business			2a. Mailing Address			4. FEI Number	00,20,1	Applied For
1 4898 Starline Drive			26 4898 Starline Drive		59-3065972		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, e	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required
City & State  St. Cloud, FL 34771			City & State 28 St. Cloud, FL 34771		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip		Country	Zφ		untry	8. This corporation has liability for		
4	25		29	30		Florida Statutes XX Yes		100.001,
	9. Name and	d Address of Curren	it Registered Agent		041	10. Name and Address of New F	Registered Agent	
WANDE	-2201 111011	- 1 -			81 Name			
	RPOL, MARLI	ENE			82 Street Addre	ess (P.O. Box Number is Not Acceptat	ole)	
255 TANGELO WAY KISSIMMEE FL 34743					83			
Moonin	INICE IE 07/7							
					84 City		FL 85 Z	p Code
familiar with			ion 607.0505, Florida Sta	tutes.	corporation's boar	ation submits this statement for the pured of directors. Thereby accept the app	ointment as registered	dagent. Lam
familiar with SIGNATURE 5	h, and accept the		ion 607.0505, Florida Sta U. W. C. Lill (a) ara tire il applicable. D DIRECTORS	otutes. / Marle (NOTE: Registere	ove-named corpora corporation's board ne Vande d Agant signature required	rd of directors. I hereby accept the app	Ointment as registered	agent. I am - 96
familiar with SIGNATURE 12.	h, and accept the	obligations of Sections of Sec	ion 607.0505, Florida Sta	of the state of th	ne Vande d Agunt signature required	cd or directors. Thereby accept the app  PPO1  diviner renetatory:	Ointment as registered	agent. I am - 96
familiar with familiar with familiar with signature 12.	h, and accept the Stynature the ed or pri	cobligations of Social Communications of Social Communications of Register and Social Communication of Social Communications of Social Communicati	ion 607.0505, Florida Sta U. W. C. Lill (a) ara tire il applicable. D DIRECTORS	Marle (NOTE Registere	ne Vande d Agunt signature respired	cd or directors. Thereby accept the app  PPO1  diviner renetatory:	Ointment as registered  LIATE  TICERS AND DIRECTO	9 6 ORS IN 12
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cetting that the information indicated on this arintiat 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 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: Junta Name of Signing Officer on Director Pol 14-15-96 487 951-2744