SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

CORP ANNUA	ROFIT PORATION AL REPORT 996		150	Sandra P Secretar	ITMENT OF STATE Mortham ry of State CORPORATIONS				
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Principal Place	of Business		Mailing Ad	dress					
679 WAKULLA WINTER HAVE			679 WAKULLA DRIVE. SE WINTER HAVEN FL 33884			3. Date Incorporated or Qualified	d 3s. Date	e of Last Report	
						05/13/1991	06/	20/1995	
2. Principal Pla	ice of Business		2a. Mailing	g Address		4. FEI Number		Applied Fo	
1 Code Ast #			26 Suite	Apt. #, etc		59-3072298		\$8.75 Additiona	
Suite, Apt #	, etc.		27	-трт. н, ото		5. Certificate of Status Desired		Fee Required	
City & State			City & 28	State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
3 Zip		Country	Zip		Country	8. This corporation has liability for	or intangible		2.
4]	25		29		30	Florida Statules	Yes 🖊	No.	
	9. Name and	Address of Current I	Registered A	gent	81 Name	10. Name and Address of New I	Registered A	gent	
JOI	HNSON, WILLIA	AM C.			lL		aled a V		
	WAKULLA DE				82 Street Ad	ddress (P.O. Box Number is Not Accept	atroj		
WI	NTER HAVEN F	L 33884			83				
								1 7	
					B4 City			85 Zip Code	
11. Pursuant to	o the provisions of	of Sections 607.0502	and 607.1508	, Florida Statut	84 City	rporation submits this statement for the	FL purpose of c	'	red
SIGNATURE		of Sections 607,0502 or both, in the State of diaccept the obligati			1 1 '		purpose of c ppt the appoin	hanging its register ntment as registere	
SIGNATURE			and the disoplicat	DA) or	tes the above-named co authorized by the corpora orida Statutes. 14 Higstered Agrin's gratum re-		purpose of c ppt the appoin	hanging its register trucrit as registere DIRECTORS IN 12	>
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further certify that the information indicated on this annual report or supplemental annual report is true and accurate and made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-96 941-324-7035