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

PROFIT



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1996			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCUM 1. Corporation N		093	(8)			
DVORC	HAK, INC.				HARRICA SEL BARRA MINI RAMA HAR	
Principal Place o	f Business	Mailing Ac	idre is			B IIII BABAL OKON OKON BADA BABA OKON 100K
211 NORTHSTAR COURT SANFORD FL 32771 US			211 NORTH STAR COURT SANFORD FL 32771 US		Date incorporated or Qualified 05/16/1991	3a. Date of Last Report 05/01/1995
2. Principal Plac	e of Business	2a. Mailing	Address		4, FEI Number	Applied For Not Applicable
21		26 Suite	Apt #, etc.		59-3066829	\$8.75 Additional
Suite, Apt. #,	etc.	27	Арг я, его.		5. Certificate of Status Desired	Fee Required
City & State		City &	State		6. Election Campaign Financing	S5.00 May Be Added to Fees
23	Country	28 Zip		Country	Trust Fund Contribution 8. This corporation has liability for	
Ζιρ 24	Country 25	29		30	Florida Statutes	□ No
	9. Name and Address of	Current Registered	Agent	81 Name	10. Name and Address of New F	legistered Agent
11. Pursuant to	D FL 3277 If the provisions of Sections 60 d agent, or both, in the State pack accept the obligations of the control of the c	or Hondai Such Chang of, Section 607.0505, I	ie v.as auu iouze	nd by the perpendice's board.	ration submits this statement for the purif of directors. Thereby accept the app	rpose of changing its registered office ointment as registered agent. I am
	Igration Typed or pricto financial register. OF PLOT	eday of a officer and later RS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
12.	P		DELETE	1 1 LF		Change Addition
NAME STREET ADDRESS	DVORCHAK, DANIEL N 1269 BRAMPTON PL	И.		1.2 NAME 1.3 STREET ADDRESS		
CiTY - ST - ZIP	HEATHROW FL		DECETE	14 CHY-SI ZIF 2 1 LEF		Change Addition
TITLE NAME STREET ADDRESS				23 STREET ACORESS		
CITY-ST-ZIP TITLE			DELETE	2 4 CITY - ST - ZIP 3 1 TILLE		☐ Change ☐ Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CHY-ST-ZIP			F-1 051 575	34 CITY - ST - ZIP		Change Addition
TITLE			DELETE	4 1 TITLE 42 NAME		C Orongo C reserve
NAME				43 SPREET ADDRESS		
STREET ADDRESS				4.4 CHY-S*-Z-P		
CITY-ST-ZIP TITLE			DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
CITY - ST - ZIF			£ BELETE	5 4 C 1Y - S1 - ZIF		Change Addition
TITLE			DELETE	6 1 TIFLE		□ average □ versuon
NAME				6 2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS 6.4 City - ST - 749		

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)fk). 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 the corporation or the reserver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

SIGNATURE: \

MDVONCHAK

TO AND TYPED OF PRINTED NAME OF TIGHT OF DIRECTOR