## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

1006

CITY-ST-ZIP

**SIGNATURE:** 

	1996	TEST	DIVISION OF CORPORATIONS								
1. Corporation	MENT # Name  DIRECT, IN	<b>S547</b> 9	55	(1)				1 (80)(8)8 (8) 8)(1) B(8)( (88)( 8)	liji dhali bidki did	M BIBN BIBN B	Bi <b>a</b> la Nati
Principal Place	Mailing	Address									
3111 UNIVER	SITY DR		3111	UNIVERSITY DR.							
	NGS FL 33065			AL SPRINGS FL 3	33065				-		
								3. Date Incorporated or Qual-fied 05/22/1991	3a. Date o		ort
2. Principal Pla	ace of Business		2a. Maihing Address					4, FEI Number	1 00/4/	7/1995 Apple	ed For
21			26					65-0263017 Not Appl cable			
Suite, Apt #	t, etc.			Suite, Apt #, etc				5. Certificate of Status Desired	<b>\$</b>	8.75 Add	
City & State				City & State				Fee Required  6. Election Campaign Financing \$5.00 May Be			
23			28					Trust Fund Contribution		Added to F	
Zip	<u> </u>			Z;p 29				8. This corporation has liability for	ntangible tax i	inders 19	9 032.
24	9. Name and Address of Cu							Florida Statutes Yes No  10. Name and Address of New Registered Agent			
		Address of Curr	ent Hegistered	Agent		B1	Name	10. Name and Address of New Re	gister <del>e</del> d Ager	<u></u>	
	'DER, DAVID	v 55			ļ.	82	Stroot Add	ress (P.O. Box Number is Not Acceptab	lo)		
	11 UNIVERSIT IITE 406	r DR.			[	٦	Street Addi	ress (F.O. Box Northber is Not Acceptab			
	DRAL SPRINGS	Ft 33065			[*	B3					
•					ī	B4	City	<del></del>	FL 8	5 Z p Coo	de
office or re agent. I ar SIGNATURE	egistered agent, on familiar with, ar	or both in the Staind accept the obli	te of Florida Su gations of, Sec	ich change was Jion 607.0505, Fi	authorized I lorida Statul	by t les	the corporati	oration submits this statement for the pron's board of directors. Thereby accept	the appointme	ant as regis	stered
12.			ND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	ECTORS II	N 12
TITLE	D			DELETE	1.1 TITU					Change	Addition
NAME	RYDER, DA				1 2 NA1						
STREET ADDRESS	3111 UNIV CORAL SP						ADDRESS				
CITY-ST-ZIP TITLE	CONAL OF	NINOS PL		DELETE	1 4 CIT		1 · 21			Change [	Addit on
NAME				<b>—</b>	2 2 NAM	ME					
STREET ADDRESS					2 3 S T P	133	ADORESS				
CITY-ST-ZIP					2 4 011		ST - ZIP				T
TIFLE				DELETE	3 1 7171				لـا	Change	Addition
NAME STHEET ADDRESS					3 2 NAM		ADDRESS				
CITY-ST-ZIP					3 4 CII						
TITLE				DELETE	4 1 7171					Change	Add tion
NAME					4 2 NA	ME					
STREET ADDRESS					1		ADDRESS				
CITY-ST-ZIP TITLE				DELETE	44 CHT		7 - ZIP	<del></del>	···	Change	Addition
NAME					52 NA					Clarge	J Madallell
STREET ADDRESS							ADDRESS				
CITY-S1-ZIP					5.4 GiT						
TITLE				DELETE	6 1 TIT	LE				Change	Addition
NAME					6 2 NA						
STREET ADDRESS					6.3 STF	IEF?	ADDRESS				

6 4 CITY - ST - ZIP

Lisytme Phone #

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)(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 directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in block 2 or Block 13/1/chaptari, or on implattachment with an address

INTED NAME OF SIGNING OFFICER OR DIRECTOR