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

DIVISION OF CORPORATIONS

1996

DOCUMENT #

S57373

(0)

Principal Place of Business Mailing Address 35246 US 19 N STE 190 The Corporation Name Mailing Address Mailing Address					
STE 190 Palm Harbor Fl 34684		PALM HARBOR FL 34684		3. Date Incorporated or Qualified	3a. Date of Last Report
				06/03/1991	04/11/1995
Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt #	F ata	Suite, Apt # etc		56-1685833	Not Applicable \$8.75 Additional
Suite, Apr. #	r, etc	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
<u></u>		28		Trust Fund Contribution	L Added to Fees
Ziρ Π	Country	Zφ	Country	8. This corporation has liability for Florida Statutes	intangible tax under s. 199 032, Yes
1	25 9. Name and Address of Curren	29 Agent	[30]	10. Name and Address of New Re	
SCHLEICHER, MARILYN			81 Name		
	1LEICHER: MARIL 114 0 CORAL-LANDINGS BLVD #4 1	15	B2 Street Ac	ddress (P.O. Box Number is Not Acceptab	ole)
	M HARBOR FL 34684		783	Bennie Blud.	
			83		
	-		84 City		FL 85 Zip Code
1 Duramont t	a the previous of Eastern 607.050	ia and 607 1508 Florida Statu	tes the shove named co	orporation submits this statement for the p ation's board of directors. I hereby accep	
onice or re	n familiar with, and accept the obliga				
agent. I an SIGNATURE	Separate type Lorge to Learn of reporter tage	ations of, Section 607.0505, F	lorida Statulés		(M)
agent. I an	Signature typed orpinis licate afterprised ap	anons of, Section 607,0005, F or political applicable (No ID DIRECTORS	iorida Statules		DATE CERS AND DIRECTORS IN 12
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further certily that the information indicated on this annual report is 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 or inector 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE Many Properties of Phinted Name of Signing Officer of Director

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR