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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

S64951

(4)

1. Corporation	MENT # S649 { IS HOLDING COMPANY	51 (4)			
Principal Place	of Business	Mailing Address		- LOBINDAD DAN BANK ABANT DINDA KADA DISEM DI	IBIN BADAN BABA BABA BADAN INGA
1133 FOURTI					
#300	1 01.	1133 FOURTH ST. #300			
SARASOTA F	L 34236	SARASOTA FL 34236			
U\$		US			te of Last Report
2. Principal Pla	on of Phoinces	Los Mailles Addisses		07/03/1991 (05/01/1995
z. FilitoparFia	ice of business	2a. Mailing Address		65-0275195	Applied For
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			\$8.75 Additional
2	•	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible t	ax under s 199.032,
4	25	29	30	Florida Statutes	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered	Agent
CANOLIE	T ALDEDY A ID		81 Name		
	ez, albert a., jr. Durth street		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
-			00		
SANASU	TA FL 34236		83	,	
			84 City	FL	85 Zip Code
ramıllar witi SIGNATURE	n, and accept the obligations of, Sec	ction 607.0505, Florida Statutes	5.	ration submits this statement for the purpose of ch rd of directors. I hereby accept the appointment as	anging its registered office s registered agent. I am
	Signature, typed or printed name of registered age:		TE: Registered Agent signature required		
12.	D OFFICERS AT	ND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND	
NAME	Blumberg, Robert L.				Change Addition
STREET ADDRESS	189 FORTSON CIRCLE		1.2 NAME		
CITY-ST-ZiP	ATHENS GA		1.3 STREET ADDRESS		
TITLE	S	☐ DELETE	1.4 CITY - ST - ZIP 2. 1 TITLE		Change Addition
NAME	BLUMBERS, JERRY		2.2 NAME	•	[] change [] Addition
STREET ADDRESS	1133 FOURTH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	·	
ITLE		[7] DELETE	3. 1 TITLE		Change Addition
NAM.E			3.2 NAME		notmon
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-\$T-ZIP			3.4 CITY-S1-ZIP		
IFTLE		DELETE	4 1 TITLE		Change Addition
NAME [•	4.2 NAME	•	
STHEFT ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - \$1 - ZIP		
TITLE		☐ DELETE	5. 1 TITLE		Change Addition
IAME			5.2 NAMÉ		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - ST - ZIP		
TITLE		☐ DELETE	6. 1 TITLE		Change Addition
NAME			6.2 NAME		
TREE I ADDRESS			6.3 STREET ADDRESS		
CITY-S1-ZIP			6.4 CITY - ST - ZIP		
certify that t	the information indicated on this ann	iual report or supplemental anni	ual report is true and accural	or the exemption stated in Section 119.07(3)(k), Fic te and that my signature shall have the same legal s report as required by Chapter 607, Florida Statut	effect as if made under

SIGNATURE: