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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996			retary of State DF CORPORA				
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	STATE TITLE, IN	ıc	- •					
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Principal Place	e of Business	Ma	ailing Address			I INDUIGIA KIE DIINE DIINE INIO INIO IN	TELL BOOK ONDIN DIVIN DIREK	i Bifain Guann Anghu 1864
	IGHWAY 19A		4900 N. HIGHWAY	19A		ļ		
MOUNT DO	ORA FL 32757		MT. DORA FL 3275	i 7				
••			US			3. Date Incorporated or Qualified	3a. Date of Las	t Report
0 Director (D)						07/15/1991	04/10	/1995
2. Phincipal Pi 21	lace of Business	<u></u>	Mailing Address			4. FE! Number		Applied For
Suite, Apt.	#, etc.	26	Suite, Apt. #, etc.			59-3098762		Not Applicable
22		27	00110, 7 471. 11, 010.			5. Certificate of Status Desired		75 Additional se Required
City & State	9		City & State			6. Flection Campaign Financing		.00 May Be
23		28		···		Trust Fund Contribution		ded to Fees
Zip . 24	Count 25	· —	Zip	Coun	ntry	8. This corporation has liability for	intangible tax under	s 199.032
24		29 ess of Current Regist	ered Anent	30		Florida Statutes XX Yes 10. Name and Address of New R	No	
					81 Name	TO. Name and Address of New H	egistered Agent	
REED.	ROBERT E. JR.			ļ.	00 00 00	70.0		
42519	LAKE HOSPITALITY	LANE			82 Street Add	ress (P.O. Box Number is Not Acceptab	de)	
ALTOO	NA FL 32702			Ī	83			
				<u> </u>	84 City		72-1	7-0-1
14 0				- 1	1 ′			Zip Code
or registere	o the provisions of Sect ed agent, or both, in the	ions 607.0502 and 607 State of Florida. Such	.1508, Florida Statu change was authori	tes, the above zed by the co	e named corpo progration's boa	ration submits this statement for the pur ord of directors. I hereby accept the appo	pose of changing it	s registered office
	th, and accept the obliga	ations of, Section 607.0	505, Florida Statute	s.		the state of the s	Artitricini da register	so agent. I am
SIGNATURE _	Signature, typed or printed name	of registered ager I and title if ap	oplicative (N	OTL Registered A	gent signature require	of when reinstal on	DATE	
12.	(OFFICERS AND DIRECT		13.		ADDITIONS/CHANGES TO OFFI		TORS IN 12
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NAME	REED, ROBERT		1.2		!E			
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oath; that I am an officer or director of the corporation 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes to obtain accument with an address.

SIGNATURE: _

MANE OF SIGNING OFFICER OR DIRECTOR

ROBERT E. REED, JR. 04/01/96 (352)589-4131

CR2E034 (12/95)