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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION O	F CORPORATIONS			
1. Corporatio	MENT # \$722 THERN KEY TAG COMPA	• •				
Principal Place	e of Business	Mailing Address		I INDENOTO III INDENOTO IIBID (IDDA IB:	164 ook bibil bidiy 61616 bi	BII BIBLI BI b ki iddi
3063 ENTE STE. 22 DEBARY FI	RPRISE RD.	P O BOX 568 DEBARY FL 32713 US				
US		00		 Date Incorporated or Qualified 07/25/1991 	3a. Date of Last 07/17/1	•
	lace of Business	2a. Mailing Address		4. FEI Number	1	Applied For
∐ Suite, Apt	# etc	Suite Act # etc		59-3082110		Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required
Oity & Stat	e	City & State		Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Z(p	Country 25	7φ 29	Country 30	8. This corporation has liability for		
	9. Name and Address of Cur	1 - 1	1901	10. Name and Address of New F		
			B1 Name			
SCHOR, KENNETH A. 42 FERN CREST DRIVE			82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
	IY FL 32713		83			
			84 City		DE 7	ip Code
			10.1 0,		85 Z	ip Code
				pration submits this statement for the pur ard of directors. I hereby accept the app	rpose of changing its ointment as registere	registered office d agent. I am
familiar wi	ith, and accept the obligations of S	ioridal Such change was authorizaction 607.0505, Florida Statutes gent and blant applicable (Ne	Zed by the corporation is boast. OTE: Registered Againt signature require	ard of directors. I hereby accept the applied when reinstating)	rpose of changing its ointment as registere	d agent. I am
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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 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 changed, or on an attachment with an address.

SIGNATURE: Lesley a Schot 116/96 4076685117
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR 116/96 DESCRIPTION PROVED PROVED