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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

S79766

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Principal Place of	of Business					O ORIO BIRIN DEBIN DIBIN D	ION CIUN OF DIN HORF		
3201 E COL ORLANDO F	OMIAL DRIVE M-1 L 32803	2445 LAKE VISTA CT. 12-205 CASSELBERRY FL 32707 US			3. Date Incorporated or 09/12/1991	Qualified	3a. Date of Last 1		
2. Principal Plac				4. FEI Number		1 00/01/	Applied For		
	AURORA ST. NW	2a. Mailing Address 26 32 I AURORA ST. NW				59-3092715	5		Not Applicable
Suite, Apt. #.		Suite, Apt. #, etc.				5. Certificate of Status [\$8.7	5 Additional
22		27				Certificate of Status t	Jesirea	Fee	Required
City & State		City & State				6. Election Campaign F	_		00 May Be
23 POR T	CHARLOTTE,FL Country	28 PORT CHARLOTTE, FL.			Added to Fees				
Zip 24 3394	8 35 U.S.A	29 33948	30	USA	1 '	8. This corporation has Florida Statutes		itangible tax under s	s 199.032,
27,00	9. Name and Address of Current		1301	VOI		0. Name and Address		-	
		···· · · · · · · · · · · · · · · ·		81 Name					
CAPITA	L CONNECTION, INC.		-	82 Street A	Address i	P.O. Box Number is No	t Accentable	2)	
417 E. 1	virginia street			OF OFFICE	710010331		t 71000ptable	7)	
SUITE 1				83		•			
TALLAH	ASSEE FL 32301		-	84 City				85 Z	ip Code
	the provisions of Sections 607.0502 a	***************************************						-L	
or registere familiar with SIGNATURE	diagent, or both, in the State of Florida, and accept the obligations of, Section specifies typed or protect name of registrate agent as	. Such change was authorizen 607.0505, Florida Statutes	ed by the or i.	orporation's t	board of	directors. I hereby acce	pt the appoi	ntment as registere	d agent. I am
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGE	ES TO OFFIC	CERS AND DIRECT	ORS IN 12
TITLE	V	☐ DELETE	1.1111	LE	V	I G DAUID	P	Change	☐ Addition
NAME	CABLE, DAVID P			ME	CABLE, DAVID P. 311 S. NORTH LAKE BLVD.				
STREET ADDIRESS	2445 LAKE VISTA COURT 12	er en		TEET ADDRESS :	#201	14			
CITY-ST-ZIP TITLE	CASSELBERRY FL	☐ DELETE	1.4 Cl7 2. 1 Dl	ir I	n	MONTE SPRIN		Change	□ Addition
NAME	CABLE, ANGELA		2.7 (A	ME .	CAB	LE, ANGELA	9	χ, change	L Addition
STREET ADDRESS	2445 LAKE VISTA COURT 12	-205		REET ADDRESS	311 5	CABLE, ANGELA 311 S. NORTHLAKE BLVD.		VV.	
DITY-ST-ZIP	CASSELBERRY FL				#201	STAMONTE	SPRIN	65.F4 36	701-5246
TITLE		DELETE	3 1 111		1.1.1.E. 1.1.	27.127.4.53		Change	Addition
NAME			3 2 NAI	ME			•		
STREET ADDRESS			3 3. ST	HEET ADDRESS					
CHY-ST-ZIP			3.4 CIT	Y-S1-ZIP					
TITLE		DELETE	4. 1 Til					Change	Addition
NAME			4.2 NA						
STREET ADDRESS				HEET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 CIT 5. 1 TIT	Y-S1-ZIP	· ·			☐ Change	Addition
NAME		Decem	5.2 NAI						
STREET ADDRESS				REFT ADDRESS					•
CITY-ST-ZIP				Y-ST-ZIP					
TITLE	### - ### A (W.) W.— Lo /	DELETE	6. 1 Til					Change	Addition
NAME			6.2 NAI	ME				•	
STREET ADDRESS			6.3 STF	REET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
certify that I	certify that the information supplied wi the information indicated on this annua	l report or supplemental ann	ual report is	true and acc	curate ar	nd that my signature sha	all have the s	ame legal effect as	if made under
oath; that I	am an officer or director of the corpora Block 12 or Block 13 if changed, or on	ition or the receiver or truster	e empower	ed to execute	e this rep	ort as required by Chap	oter 607, Flor	rida Statutes; and ti	nat my name

SIGNATURE:

CI. Cuble A. CABLE 4/28/95 \$407-331-8724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR A BLE 4/28/95 \$407-331-8724