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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORFORATIONS

DOCUMENT #

S80300

(4)

Purcipal Place of Business		orporation Name ED HYSLER,	INC.	00000		(-1)					I BOAL OHORY OU		I (4) (3) (1) (1) (1) (1)
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24	[Cr	City & State										\$5.0	0 May Be
Name and Address of Current Registered Agent 10 Name and Address of New Registered Agent 10 Name and New Registered	Zış	·				Zip C				8. This corporation has liability for			
AKEL, EDWARD C. 2301 NDEPENDENT SQUARE ONE B82 Street Address (P.O. Box Number is Not Acceptable)	<u> </u>	9, Nan	d Address of Curren	nt Registered Agent									
2301 INDEPENDENT SQUARE ONE INDEPENDENT PARKS 34								81	Name			.,•	
NOIN NOIN NOIN NOIN No.								82	Street Addres	ss (P.O. Box Number is Not Acceptab	le)	·	······································
### City								83					
11. Pursuent to the provisions of Sections 607.0502 and 607.1508, Fiorids Statuties, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Subt change was untireded by the corporation's board of directors. I hereby accept the appointment as registered agent and only the obligations of, Section 607.0506, Florida Statutes. SIGNATURE								84	City			85 Z ₁	p Code
or registration agent, or both, in the State of Horida Such change was althorated by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the chilippions of Section 907, 15056, fronted Statistuss. SIGNATURE	11. F	ursuant to the prov	isions	of Sections 607 0502	and 60	7 1508 Florida Statutes	l	named comorat	tion submits this statement for the pur		l l	registered office	
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12.	SIGN	ATURE				· · · · · · · · · · · · · · · · · · ·							
THE	12.	Signature, type	ea or par					Ageni	it signature required v			DIRECTO	VEC IN 10
NAME HYSLER, ED 6086 COURTSIDE DR. 13 SIPET ADDRESS 14 CITY: ST-2P		D		OT TOO TO THE				il.E	·	ADDITIONS/OTANGES TO OFF	***		
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of 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 often attachment with an address

SIGNATURE:

EN ENWIN S. HY5LER 4-26-96
Destine Prone *