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

~ ₽ROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

S89854

(1)

DOCUM 1. Corporation N CAPITA		` '	ION	1 100/0010 10/10/10/10/10/10/10/10/10/10/10/10/10/1	: BADA DEBAH DEBAH DADA FEBAH DIRIK BEBH 1101
Principal Place of Business Mailing Address					
1827 CAPITAL CIRCLE. N.E. SUITE D		P.O. BOX 3375 Tallahassee Fl 32315 US			
TALLAHASSEI US	E FL 32308	us		 Date Incorporated or Qualified 10/25/1991 	3a. Date of Last Report 05/01/1995
2. Principal Plac		2a. Ma'ling Address		4. FEI Number	Applied For Not Applicable
	5 Brandemoie Dr			59-3099260	\$8.75 Additional
Suite, Apt. #.	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
	ahassec FL	28		Trust Fund Contribution	Added to Fees
Z _{(P}	Country	Zip	Country	This corporation has liability for Florida Statutes	intangible tax under \$ 199.032,
24 525	9 Name and Address of Current	29 Registered Agent	[30]	10. Name and Address of New F	
	-	·	B1 Name		
11. Pursuant to or registere familiar with	ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	ia. Such change was authoriz on 607.0505, Florida Statutes	ed by the corporation's b	poration submits this statement for the pulpoard of directors. I hereby accept the app	Comment to register of the
SIGNATURE .	Signal as Aparet or product a transfer of registered after	autori Karokishi (N.	te. Registered A end signal en de	perciate resident	DATE FICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DIRECTORS [] DELETE	13.	Ph.D.	Change Addition
NAME	RAY, GLENN L.		1.2 NAME	RAY, Wenn 4.	
STREET ADDRESS	1827 CAPITAL CIRCLE, N.E.,	SUITE D	1.3 STREET ADDRESS	2925 Brandernere	
CITY - ST - ZIP	TALLAHASSEE FL		1.4 City+SL ZIP	Tallahassees FL 3	Charge Addition
THILE		DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET AS DRESS			2.3 STREET ADDRESS 2.4 CITY - ST. ZIP		
CITY+S1+ZIP TITLE	,	DELETE	3 1 TILLE		Change Addition
NAME		<u></u>	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-7IP			3.4 CI*V - S* - ZIP		Clare El Addition
TITLE		☐ DELETE	4 1 fillut		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST ZIP		DELETE	44 C TY ST-ZIF 5 1 TILLE		Change Addition
NAME		L.,	5.2 NAME	5000018 -05/20/9601	30025 000-040
STREET ADDRESS			5.3 STREET ADDRESS	-05/20/9601 ***200.00	U6UU43
CITY-S1-ZIP			5.4 C(TY+S1+7)F	***ZUU.UU	
TITLE		☐ DELETE	6 1 THE		☐ Change ☐ Addition
NAME			6.2 NAME).\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\
STREET ADDRESS			6.3 STREET ADDRESS		7 5''

City-St ZiP

14. I do hereby certify that the information support with this filing is voluntarily furnished and does not qually for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further 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 aridress.

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

u/30196

9312-386-2188