CORPORATION ANNUAL REPORT 1996	Secretary of Division of Con-	OF STATE	39	3					
OCUMENT # S 9 3 3 9 3 Corporation Name Corporation Name MGMT: COAP.				-	SECRETARY OF STATE DIVISION OF CORPORATIONS				
GOCA RATEN, FLA 33427 96 CM					95 SEP - 9 AN 10: 15				
SAME	Mailing Address				DO NOT WRITE	E IN THIS SPA	ĈE.		
				3. Date inco	porated or Qualified	3a. Date of	Last Repo	n	
Principal Place of Business	2a. Mailing Address 26			4. FEI Numbe		- 9 / ·		olied For	
Suite, Apt. #, etc.	Suite, Apt. #, etc.				of Status Desired		\$8.75 A		
City & State	City & State		· · ·		impaign Financing Contribution		\$5.00 M	May Be	
Zo Country 25 9. Name and Address of Current	29 30 Registered Agent	Country		Florida Sta		>	inder S. 19		
		81	Name	10. Name sn	Address of New F	legistered Ag	ent		
ISIS, NORTH FOR BOCK! RATOR, TO	32432-	82	<u>L.</u> .	kdress (P.O. Box Nur	mber is Not Acceptat	ole)			
BOEAT (CAROLL)		83					85 Zip C	ode	
Pursuant to the provisions of Sections 607.0502 or registered agent, or both, in the state of Florida familiar with, and accept the obligations of Section INATURE Spreurs, typed or printed name or registered agent a	n 693.0506. Hrida Statutes.			poration submits this oard of directors. I he wed when renesang	statement for the pureby accept the app		ing its regis	stered office ent. I am	
OFFICERS AND		13.			CHANGES TO OFF	D4TE ICERS AND DI	RECTORS	IN 12	
DETAIL GLANN) ET ADDRESS LET A	7		1 ADORESS		-103	111000 /19/36 **225.00	401012	#225.00	
E RET ADDRESS		2.1 TITLE 2.2 NAME					Change	Addition	
r-ST-ZIP		23 STREE 24 CITY-	T ADDRESS ST-ZIP						
e Ae Fet address	,	3.1 TITLE 3.2 NAME 3.3. STREE	ET ADDRESS			L	Change	Addition	
- S1 - 21P E 4E		34 City- 41 Title	ST-ZIP				Change	Addition	
RET ADDRESS Y-ST-ZIP		4.2 NAME 4.3 STREE 4.4 CITY-	T ADDRESS						
E VE EET ADDRESS		5.1 TITLE 5.2 NAME					Change	Addition	
-51-2P		5.4 CITY- B.1 TITLE			·		Change	Addition	
E ET ADDRESS -ST-2IP			T ADDRESS				•		
I do hereby certify that the information supplied vectify that the information indicated on this annuals, that I an an officer or director of the corporappears in Block 12 or Block 13 if changed, or of CNATURE:	ration of the receiver or trustee am in an axischment with an address.	powered	es not qual rue and acc to execute	alf w	stated in Section 11s gnature shall have the ed by Chapter 607, if	9.07(3)(k), Floric e same legal ef Florida Statutes	ia Statutes fect as if m ; and that i	. I further ade under my name	
BIGNATURE AND TYPED OR	PRINTED HAME OF SIGNING OFFICER ON	OMECTOR STY A	212	1 hes	Dave	-	Phone a		
				1/03					