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

PROFIT CORPORATION ANNUAL REPORT



Ft ORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # \$97004

(3)

VANES	SA D. ROBINSON ENTER	PRISES INC.				
Principal Place C	of Business	Mailing Address		T THE LIBIT THE PROPERTY OF THE	I DIBI DIDIL DIDIL DIBI DIDIL DIDIL DIBIL DIBIR	
765 DEL OROR DR. SAFETY HARBOR FL 34695		765 DEL OROR DR. SAFETY HARBOR FL 34695				
				3. Date incorporated or Qualified 11/27/1991	3a. Date of Last Report 04/19/1995	
2. Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59-3091315	Applied For Not Applicable	
Sute, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	□ \$5.00 May Be Added to Fees	
Ζιρ 4]	Country 25	Ζφ [29]	Country 30		No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New F	legistered Agent	
			81 Name			
ROBINSON, VANESSA D. 765 DEL ORO DRIVE				at Address (P.O. Box Number is Not Acceptable)		
SAFETY	HARBOR FL 34695		83			
			84 City		FL 85 Zip Code	
SGNATUR	tg salon, typed S. pointe a traine of registered age		S. OTE: Registered Agent signature require 13.	ration submits this statement for the pur rd of directors. I hereby accept the app at when reistating: ADDITIONS/CHANGES TO OFF	DATE	
101,£	D	☐ DELETE	1. 1 TOLE		Change Addition	
NAME	ROBINSON, VANESSA		1.2 NAME			
STREET ADDRESS	765 DEL ORO DRIVE		13 STREET ADDRESS			
Dily-SI ZIP	SAFETY HARBOR FL	FIREETE	1.4 CITY - ST - ZIP		☐ Change ☐ Addition	
lif.f		□ DELETE	2.1 TITLE		Change Addition	
NAME STEEL LADORESS			2.2 NAME 2.3 STREET ADDRESS			
Orbit Laughton			2.4 CITY - ST - ZIP			
		DELETE	3 1 TITLE		Change Addition	
NAMe .			3 2 NAME			
STHEET LADGUMESS			3.3 STREET ADDRESS			
Dily St Zift			3 4 CITY - S' - ZIP			
life E		[] DETELE	4 1 THILE		☐ Change ☐ Addition	
NAMI			4.2 NAME			
STEET ALUFES			4.3 STREET ADDRESS			
CHTY+ST+ZIF THLF		DELETE	4 4 CHY - ST - ZIP 5 1 TITLE		Change Addition	
NAME			5.2 NAME			
SUBSELL ADDRESS			5.3 STREET ADDRESS			
CHY-S1-200			5 4 CITY - ST - ZIP			
TILLE		DELETE	6 1 TITLE	The state of the s	Change Addition	
NAME			6.2 NAME			
STREET ADDINESS			6 3 STREET ADDRESS			
City St zie	and the state of t	density the a filter in the last many	6.4 CITY - ST - ZIP	for the appointing stated in Continue 440	A7(2)(Id.) Elocido Statutos I fueba-	
cert fy that ' oath, tha' I	the information indicator on this an	nual report or supplemental and noration of the receiver or trust	nual report is true and accura se empowered to execute the	for the exemption stated in Section 119 ale and that my signature shall have the is report as required by Chapter 607, Fl	same legal effect as if made under	

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

3/12/96 813-726-7045

CR2E034 (12/95)