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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # V03135

(3)

orporation	Name		
IAKE	REDGEN	ECLINCE	IMC

Principal Place of Business Mailing Address 11126 WIRT ROAD PO BOX 345						
SAN ANTONIO FL 33576 US	SAN ANTONIO FL	33576	3. Date incorporated or Qualified	3a. Date of last R 01/30/1	995	
Principal Place of Business 21	2a. Mailing Address	<del>_</del>	4. Fet Number 59-3098468	1	Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<del></del>	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Zip Country 24 25	Z/p	Country 30	8. This corporation has liability for i			
9. Name and Address of Current			10. Name and Address of New R	egistered Agent		
		81 Nanie				
REYNOLDS, ELIZABETH 11126 WIRT ROAD SAN ANTONIO FL 33525		82 Street Addr	ess (P.O. Hox Number is Not Acceptab	le)		
		84 City		FL 85 Z	ρ Code	
Pursuant to the provisions of Sections 607.0502 or registered agent, or both, in the State of Florid familiar with, and accept the obligations of, Section SIGNATURE  Signature typed or printed name of registered agent a	on 607.0505, Florida Statute ed the Irappleable (N	98. 40 fti Regissaid Agent sijnasme reatte.	d when recording	łгѝл		
12. OFFICERS AND		13.	AUDITIONS/CHANGES TO OFF		DRS IN 12	
REYNOLDS, ELIZABETH	☐ DELETE	1 1 TIILE		☐ Change	Addition 🖹	
NAME 11126 WIRT ROAD		1.2 NAME			Addition 7.27	
STREET ADDRESS SAN ANTONIO FL		1.3 STREET ADDRESS			ű	
UTY-ST-ZIP	☐ DELETE	1.4 CITY - ST - ZIP		Change	Addition C	
TRLE	Doctete	2 1 1111.5		[ ] Orlange	L ROSMON	
NAME OVEREZ ADDRESS		2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS		2 4 CHY-ST-7IP				
CITY-ST-ZIP TITLE	☐ DELETE	3 1 1 TLE		Change	Addition	
NAME	_	32 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4 C+1Y - S1 - Z+P				
TITLE	☐ DELFTE	4 1 TITLE		☐ Change	Addition	
NAME		4 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
C(TY-ST-ZIP		44 CITY - ST - ZiP				
TITLE	☐ DELETE	5 1 TITLE		Change	Addition	
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TITLE	[_] DELETE	6 THILE		បានម៉ូន	C voor on	
NAME		6 2 NAME				
STREET ADDRESS		6.3 STHEET ADDRESS				
CITY-ST-ZIP  14. I do hereby certify that the information supplied w	rith this filing is voluntarily fu	6 4 City-St-ZiP rnished and does not qualify f	or the exemption stated in Section 119.	07(3)(k), Florida Statu	tes. I further	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy 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 sepriature 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 trusted 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 address.

SIGNATURE: \_\_

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1-12-96 352-588-4002