SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED. MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

V04695

(5)

<b>NFAI</b>	FRIS	CHOICE	ALITO	TOHOU	HD INC
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Principal Place	e of Business		Ma	ailing Address				r 18840 Bridit ABIEL BIBLE BFILL 38181 B	IN <b>GIVII EIVI</b> II	01811 A1811 61811 81811 1981
ROUTE 1 BOX 24 24 SASSER RD. 20LFO SPRINGS FL 33890			P. O. BOX 508 ZOLFO SPRINGS FL 33890							
US			US			3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1992 08/11/1995				
	lace of Business		ļ	Mailing Address				4. FEI Number		Applied For
21 Suda Ant			26	0 : 4 :				65-0304366		Not Applicable
Suite, Apt.	#, etc		-	Suite, Apt. #, etc.				5. Certificate of Status Desired	Γ"]	\$8.75 Additional
City & State			27	City & State		· <b></b> ····				Fee Required
23	-			City & State				6. Election Campaign Financing	$\Gamma$	<b>\$5.00</b> May Be
Zip	Co	untry	28	Ζιρ	T	intry		Trust Fund Contribution	——————————————————————————————————————	Added to Fees
24	25	o no y	29	1.μ	30	intiy		8. This corporation has liability for in Florida Statutes	ntangible ta Yes	ix under s. 199.032, - No
		dress of Current		tered Agent	[30]	Γ''	· · ·	10. Name and Address of New Reg	<u></u>	
\An						81	Name	10. 110	I STOLOG ME	join
	ells, jay Sasser Rd.									
						62	Street Addr	ress (P.O. Box Number is Not Acceptable	e)	
20	)lfo springs f	L 33890				<b>B3</b>				
							<u> </u>			
						84	City		FL	85 Zip Code
		Sections 607 0502	and <b>6</b> 0	7.1508, Florida Stat	utes, the ab	ove	named corpo	oration submits this statement for the pur on's board of directors. I hereby accept t	pose of ch	anging its registered
onice or re	agistereti agent, or i	oom, in the State (	or Elonia	la. Such change was , Section 607.0505, I	s authorized	ມ Loy ເ utes.	he corporatio	ori's board or directors. I hereby accept t	me appoint	3
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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 617, Florida Statutes, and that my name appears in Brock 12 or Block 13 if changed or on an attachment with an address

SIGNATURE: JAN E 11418 And Experiment of SIGNING OFFICER OF DIRECTOR PROBLEM 1-7-96 (541) 735-2222