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

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT 1996			Secretary of State DIVISION OF CORPORATIONS					
DOCU 1. Corporation	MENT #	V06969	(2)					
		RTIES & INVESTM	FNT. INC.					
3001		ITTEO & HAVEOTH	Litti, iito.					
Principal Place		<i>I</i>	Nailing Address					
416 VALLEY STE. #416	r Green		416 VALLEY GREEN STE. 416					
MAULDIN SC 29662			MAULDIN SC 29662			Date Incorporated or Qualified	3a. Date of Last F	Report
US			US			01/15/1992	03/22/19	95
2. Principa: P	lace of Business	26	a. Mailing Address			4. FEI Number		Applied For
21		26	26		59-3103105		Not Applicable	
Suite, Apt.	#, etc.	-	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	5 Additional Required
City & Stat	le	27	City & State			6. Election Campaign Financing	\$5.0	00 May Be
23		28	٦ '			Trust Fund Contribution		ed to Fees
Zφ	Country Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	4	30		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
	9. Name and A	Address of Current Reg	istered Agent		1 Name	IU. Name and Address of New I	egistered Agent	
JOYCE	, Jerry L.				ł	(C) C. Day N. Landay in Not Appointed	IoV	
	MACDILL AVENI	JE		8	2 Street Add	ress (P.O. Box Number is Not Acceptab	ile)	
	A FL 33609			8	3			
				8	4 City		85 2	ip Code
					'		FL)	
or registe familiar v SIGNATURE	vith, and accept the	obligations of, Section 60	7.0505, Florida Statutes.		rporation's boa	ration submits this statement for the pur and of directors. Thereby accept the appoint	Dintment as registere	d agent. I am
12.	eigi didio, typic ex pinesi	grature, typer or princed name of registered agent and trie it applicable. (NOI OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF		
TITLE	PV		☐ DELETE	1 1 TiTL	F		Change	☐ Addition
NAME	PERRY, CAF			12 NAM	E !			
STREET ADDRESS					ET ADDRESS			
CITY-ST-ZIP	MAULDIN S		DELETE	2 1 TUTL	- S1 - ZIP		Change	Addition
TITLE NAME	PERRY, CAF	RL	LJ becel	2 1 101 2 2 NAM				
NAME STREET ADDRESS	446 VALLEY				ET ADDRESS			
CITY-ST-ZIP	MAULDIN S				- ST - ZIF			
TITLE		DELETE			F		☐ Change	Addition
NAME				3.2 NAM	t I			
STREET ADDRESS	s			3.3 S1R	FET ADDRESS			
C:TY-ST-ZIP					-ST ZIP		F1 0	Addition
TITLE			DELETE	4 1 7(1)			☐ Change	Addition
NAME				4.2 NAM	1			
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	S		☐ DELETE	5 2 NAM 5 3 S1R	ME EET ADDRESS 7-ST-ZIP		☐ Chang	Add tion

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual aport 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 finan attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-96 864-458-7174