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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

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	uman's Fo	OOD CONSULTING 8	& CO(	ordinating, in	NC.							
Principal P	Place of Busines	SS S	Ma	iling Address						Mit BiBit At		01011 11011 1991
14100 US 19 N SUITE 135 CLEARWATER FL 34624 US				14100 US 19 N. Suite 135 Clearwater FL 34624 US				3. Date Incorporated or Qualified 3a. Date of Last Report 03/18/1992 04/19/1995				
2 Princip	al Place of Busi	iness	28.	Mailing Address				4, FEI Number		L		pplied For
<u>2.</u> Frincipa 21	airiace oi Dusi	11033	26	mam ig i iaan taa				59-311479	5			lot Applicable
	Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status	Desired		-	Additional Required
City & S	State			City & State				6. Election Campaign	Financing		•	May Be
23	_		28					Trust Fund Contrib				l to Fees
Zıp		Country		Zip .	30 Co	untry		8. This corporation ha			ax under s	199.032,
24		25		29				Florida Statutes Yes No  10. Name and Address of New Registered Agent				
	g, Nam	ne and Address of Current	t Regist	tered Agent		81	Name	10. Name and Addre	as of New II	ogistorea	Agoin _	
	alaski, josi					82	Street Add	ress (P.O. Box Number is I	Not Acceptab	l <del>o</del> )		
		reet North				83						
	TE 303											
CLE	EARWATER F	L 34620				84	City			Fl	85 Ziş	o Code
44 5		risions of Sections 607.0502	and 60	7 1508 Florida Statut	es the sh	YOVE-na	med corpo	ration submits this stateme	nt for the pur	nose of ch	anging its r	egistered offic
or roc	aistored anent	or both, in the State of Floric	da Such	i change was authoriz	zea ov tne	corpor	ration's boa	ard of directors. I hereby ac	cept the appo	ointment a	s registered	agent. I am
famili	iar with, and acc	cept the obligations of, Secti	ion 607.	0505, Florida Statutes	S.							
SIGNATU	IRE	ed or printed name of registered agent	and title & s	egolicable (NC	OTF: Booistere	od Anort s	signature requir	The second second		DATE		
12	alginaturo, typ	200 OF PHILLIPS HOUSE OF TOGETHE DO COOK						eo wien renstating:		p-1112		
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12. ⊺⊪€	PD	OFFICERS AND			13.				GES TO OFF		D DIRECTO	RS IN 12
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certify that the information indicated on this annual report 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 on an attachment with an address. TRUMAN E Johnston 4-25-96 (813) 536-1939
ORDINECTOR
Date Dayline Proces SIGNATURE: