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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corporation Name

DOCUMENT #

(5)

INE RA	INGER V, ING.					
rincipal Place	of Business	Mailing Address			E CERTI OTIDIO MANDO TITUO ETIDO TARGO ETIDO ETI	'S DIDIO BIDIO BIBIS DIDIO DIBIS FUL
545 - 150TH AVENUE 545 - 150TH AVENUE MADEIRA BEACH FL 33708 MADEIRA BEACH FL 3			3708			
					3. Date Incorporated or Qualified 3a. I	Date of Last Report 04/20/1995
. Principal Pla	ice of Business	2a. Mailing Address			4, FEI Number 59-3115110	Applied For
Suite, Apt #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			6. Election Campaign Financing	Fee Required \$5.00 May Be
· · · · · · · · · · · · · · · · · · ·		28			Trust Fund Contribution	Added to Fees
Zφ	Country 25	Z ₁ p	30 Co	untry	8. This corporation has liability for intengib Florida Statutes Yes No	
	9. Name and Address of Curre		30	T	Florida Statutes Yes No. 10. Name and Address of New Register	
				81 Name		
	ATION SERVICE COMPANY			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
1201 HA					uress (1.0. cox Harmon is Not Acceptable)	
TALLAHA	SEE FL 32301			83		
				84 City		85 Zip Code
Barrier T.					oration submits this statement for the purpose of	-L]
T	OFFICERS AN D REINGOLD, IRVING	la vitidie Parpaloator. (NC ID DIRECTORS DELETE	13.		and when reinstaling) DAT ADDITIONS/CHANGES TO OFFICERS A	
EET ADDRESS	545 - 150TH AVENUE		1.2 N 1 3 S	IAME Treet adoress		
-S1-ZIF	MADEIRA BEACH FL 33708	E DE FE		HTY-ST-ZIP		
į		☐ DELETE	2 1 1			Change Addition
LT ADDRESS			22 N	TREET ADDRESS		
S1-ZIP				ITY-ST-ZIP		
		DELFTE	3 1 1			☐ Change ☐ Addition
			3 2 N	IAME		_ , _
LADDRESS			3 3. 5	STREET ADDRESS		
S' - 7%			3.4 C	ITY-ST-ZIP		
		DELETE	4.11			Change Addition
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I ADDRESS				TREET ADDRESS		
ST-ZIP			5 4 C	ITY-ST-ZIP		
]		DELETE	6 1 7	TITLE		Change Addition
			6.2 N	AME		
HI ADDRESS			638	TREFT ADDRESS		
- ST-ZIF	cortify that the information expected	with this filing is not retail.	64C	ITY-ST-ZIP	for the exemption stated in Section 119.07(3)(k),	
certify that t	me information indicated on this anniam an officer or director of the Givpt Block 12 or Block 13 if changed or i	uai report or supplemental anni	ua! report i	is true and accur	ror the exemption stated in Section 119.07(3)(a), rate and that my signature shall have the same lethis report as required by Chapter 607, Florida Sta	gal effect as if made und atutes; and that my name