SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$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

Principal Place of Business

DOCUMENT # V35097

(7)

Mailing Address

SIGN	ΛF	THE	CHIN	INC
OIGH	u		JUIT	1191.7

51 TIDY ISLAI BRADENTON		51 TIDY ISLAND BLVD. BRADENTON FL 34210				
						3. Date Incorporated or Qualified 3a. Date of Last Report 05/08/1992 04/27/1995
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21 26					<b>65-0335992</b> Not Applicable	
Suite, Apt	#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution Added to Fees
Zip 24	Country 25	7 <sub>IP</sub>	30 Co.	intry		This corporation has liability for intangible tax under s 199 032     Florida Statutes Yes No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent
WA	LTERS, CLIFFORD L.			81	Name	
802 11TH STREET WEST BRADENTON FL 34210			82 Street Address (PO Box Number is Not Acceptable)			
Drv	ADENTON PL 34210			83		
				84	City	FL 85 Zip Code
agent i a	agisterior agent, or cont, in the state of familiar with, and accept the obligation familiar based or perturbations of regulated agent OFFICERS AND	tions of, Section 607.0505, F	londa Stati	utes	rits gradum resore	
TITLE	P	DELETE	11]	II E		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition:
NAME	PATRICIA B. ZIGULICH		1 2 N			Grange Augut of.
STREET ADORESS	51 TIDY ISLAND BLVD.				ADDRESS	
CITY-ST-ZIP	BRADENTON FL				T-ZIP	
TITLE		DELETE	2 1 11		1.311	Change Addition
NAME		_	22 N	AME		
STREET ADDRESS			235	TREET	ADDRESS	
CITY - ST - ZIP			2 4 0	JTY - §	S1 - <b>Z</b> (P	
ŦITLE		DELETE	3 1 11	TLE		Change Addit-on
NAME			32 N	AME		
STREET ADDRESS			3.3 ST	TREET	ADDRESS	
CITY - ST - ZIP			34 C	ITY - S	ST - ZIP	
TITLE		DELETE	4 1 11	TLE		Change Addition
NAME			4 2 N	IAME		
STREET ADDRESS			435	TREFI	ADDRESS	
CITY - ST - ZIP			4 4 CI	1Y - S	1 - ZIP	
TITLE		DELETE	5 i Ti	TLE		Change Addition
NAME			5 2 N/			
STREET ADDRESS			53\$1	TREFT	ADDRESS	

61THLE

6 4 CITY - ST - 7IP

SIGNATURE:

TITLE

NAME

SIGNING OFFICER OR DIRECTOR

DELETE

14. I do hereby certify that the information supplied with this fixing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 further 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 outh, that I am an efficient 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 Block 13 or Block 13 if chapter 617 is a statute or an altachment with an address

Change Addition