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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

Corporation I	MENT # <b>V5578</b>	85 (2)					
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4014 TAMIAMI TRAIL		4014 TAMIAMI TRAIL					
SUITE D	OTTE FL 33952	SUITE D PORT CHARLOTTE F	33053				
TOTAL OF MAIL		TOTAL OFFICE T	L 0000E		<ol> <li>Date Incorporated or Qualified 08/06/1992</li> </ol>		of Last Report <b>/03/1995</b>
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number		Applied For
1		26			59-3129290		Not Applicable
Stille, Apt. #,	elg.	Suite, Ant. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
Orly & State		City & State		·	Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
් 2ල 4	Country 25	Ζιρ <b>29</b>	Count	ry	8. This corporation has liability for Florida Statutes X Ye	r intangible tax	··· ·· · · · · · · · · · · · · · · · ·
-1	9. Name and Address of Curre		1001		10. Name and Address of New		gent
			8	1 Name			
KAYWELL, JAMES W.			8		ess (P.O. Box Number is Not Acceptable)		
SUITE 30	MARION AVENUE		8	3			
PUNTA G	ORDA FL 33950		<b>84</b> City			FL	85 Zip Code
11 Direction to	the provisions of Spetions 607.065	00 and 607 1609. Florida Statu	too the above		poration submits this statement for the pu		
or registered	, and accept the obligations of, Se	anda: Such change was authori action: 607.0505, Florida Statute	zed by the co	rporation's bo	pard of directors. I hereby accept the app	pointment as r	egistered agent. I am
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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 office

SIGNATURE:

IGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-961-941-625-1717

CR2E034 (12/95)