SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) THE STOR FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1996	Sandra B Mo Secretary of DIVISION OF CORF	State		
DOCUMENT # V689	` '			
TEMPORARIES BY MOORE, I	NC.			
Principal Place of Business	Mailing Address		- i ifbit blithid bliff ihlid jaili arial il	ili Athii Aidit dillei aidii didii aibii sesi
% 308 LIDDON PLACE LYNN HAVEN FL 32444	% 308 LIDDON PLACE Lynn haven FL 32444			
			3. Date Incorporated or Qualified 10/02/1992	3a. Date of Last Report 05/26/1995
. Principal Place of Business	2a. Mailing Address		4. FEI Number 59-3146208	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	7ip	Country	8. This corporation has liability for Florida Statutes	intangible tax under s. 199 032.
9. Name and Address of	29 30 Current Registered Agent		10. Name and Address of New R	
MOORE, CHARLES  81 Name  82 Street Add			ess (P.O. Box Number is Not Accepta	ble)
308 LIDDON PLACE LYNN HAVEN FL 32444		83 Street Addi	ess (r.o. pox residence	
		84 City		FL 85 Zip Code
Dura could the provisions of Scotlyns	607 0502 and 607 1508. Florida Statutes.	the above named corp	oration submits this statement for the	purpose of changing its registered
Pursuant to the provisions of Sections (     office or registered agent, or both, in the agent, I am familiar with, and accept the      SIGNATURE		orized by the corporation a Statutes.		DAL
Signar well typed or printed if wher of rest	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE P NAME MOORE, CHARLES	DELETE	1 1 TITLE 1 2 NAME		- i - D
STREET ADDRESS 308 LIDDON PLACE		13 STREET ADDRESS 4	bottery Day no	(444
CITY-ST-ZIP LYNN HAVEN FL TITLE ST	DELETE	14 CITY - ST - ZIP 21 TITLE	yun-tiava, pr. 27	Change Addition
NAME PORTER, CAROL		2 2 NAME	4601 Baywood YNN Haven F	Dr
STREET ADDRESS -4601-PORTER CITY-ST-ZIP LYNN HAVEN FL		2 3 STREET ADDRESS 2 4 City - ST- Zip	LYNN Haven F	( 32449
CITY-ST-ZIP LTNN FIAVEN FL	DELETE	3 1 TITLE		Change Addition
NAME		3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS  CITY-ST-ZIP		34 CITY-ST-ZIP		Change Addition
TITLE	T DEFEIF	4 1 TITLE 4 2 NAME		
NAME STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP	DELETE	4 4 CITY - ST - ZIP 5 1 TIBLE	- Aller - Alle	Change Addition
TITLE		5 2 NAME		_
STREET ADDRESS		5.3 STREET ADDRESS		
C(TY-ST-ZIP	DELETE	5 4 CHY - ST - ZIP 6 1 THLE	- 14 Ly	Change Addit on
TITLE		6 2 NAME		<del></del>
NAME STREET ACORESS		63 STREET ADDRESS		
CITY-ST-ZIF  14. I do hereby certify that the informatio	n e poolien with this filma is voluntarily furr	64 CITY-ST-ZIP	alify for the exemption stated in Section	on 119.07(3)(k). Florida Statutes I
<ol> <li>I do hereby certify that the information further certify that the information and made under oath, that I am an apprixer</li> </ol>	licatement this summa, report or ashibicated	ntal annual report is true ver or trustee empower	e and accurate and that my signature red to execute this report as required l	shall have the same legal effect as if by Chapter 617, Florida Statutes, and
that my name appears in Blackhalor	prock 13 y cythinged, drawlyth thachment	with an address	1 May 6-19	3-91 904.872
SIGNATURE: SIGNATURE AN	NO TYPED OR PRINTED NAME OF SIGNING OFFICER C	OA DIRECTOR	17. 11/60re 0 10	3-96 904.832 Blyca Photos