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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUM							
1. Corporation I	MENT #	V72800	(8)				
·	NE, INC.						
FAN U	INC.				1 1801 (8)1811 (00 18 11 18 11 18 11	INI aa n sia n air i aare	NAME AND REPORT OF A STATE OF A S
Principal Place o	of Business	М	ailing Address			1311 MATA ASANT ALBAN ATAUT I	
7653 TURKE	Y LAKE ROAD		7653 TURKEY LANE RO	DAD			
ORLANDO FI	L 32819		ORLANDO FL 32819 US				
US			US		3. Date Incorporated or Qualified	3a. Date of Last	,
<u>.</u>					10/20/1992	05/01/	
2. Principa! Plac 1	ce of Business	1	Mailing Address		4. FEI Number 59-3147769	ļ	Applied For Not Applicable
Suite, Apt. #,	. etc.	26	Suite, Apt. #, etc.			\$8.7	'5 Additional
2	, 0.0.	27	Stanta, 1 from 1 from		5. Certificate of Status Desired		e Required
Orty & State			City & State		6. Election Campaign Financing	_ \$5.	00 May Be
3		28	· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution	L.J Ado	led to Fees
Zip ∵i	Cour	i i kiri	Zip	Country TT1	8. This corporation has liability for		s 199.032,
4	0 Name and Add	29 ress of Current Regis		30	Florida Statutes Yes	□No Registered Agent	
	g, Humb and Had	ico or corrent rogic	io od rigom	81 Name	10. Hamb and Made of them.		
MILLER	, WILLIAM H			82 Street Addre	ess (P.O. Box Number is Not Acceptate	No.	
	JRKEY LAKE ROA	D		5treet Addre	ess (F.O. Box Multiper is Not Acceptat	жет	
	DO FL 32819			83			
				84 City		85	Zip Code
						FL	<u> </u>
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes, 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 oath; that I am an officero 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 or, an attachment with an address.

SIGNATURE:

SIGNATURE AND WEST OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/35/96

401-898-395D