

**FEE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # 845166 (8)**

**95 FEB -7 PM 3: 32**

1. Corporation Name  
**PURCHASE CORPORATION**

Principal Place of Business      Mailing Address  
**4402 EAST ALOHA DRIVE  
SUITE 3  
DIAMONDHEAD MS 39525  
US**                                      **4402 EAST ALOHA DRIVE  
SUITE 3  
DIAMONDHEAD MS 39525  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/05/1980**                                      **03/18/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 <b>4401 East Aloha Drive</b>		25 <b>4401 East Aloha Drive</b>		<b>64-0633303</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23 <b>Diamondhead, Ms.</b>		28 <b>Diamondhead, Ms.</b>		<input type="checkbox"/>		<input type="checkbox"/>	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			
24 <b>39525</b>	25 <b>US</b>	29 <b>39525</b>	30 <b>US</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>FL</b>			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOFFE, CARL H</b>	1.2 NAME	
STREET ADDRESS	<b>4402 E ALOHA DR #3</b>	1.3 STREET ADDRESS	<b>4401 East Aloha Dr.</b>
CITY-ST-ZIP	<b>DIAMONDHEAD MS</b>	1.4 CITY-ST-ZIP	<b>Diamondhead, Ms. 39525</b>
TITLE	<b>VPT</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALEXANDER, BILL</b>	2.2 NAME	
STREET ADDRESS	<b>4402 E ALOHA DR #3</b>	2.3 STREET ADDRESS	<b>4401 East Aloha Dr.</b>
CITY-ST-ZIP	<b>DIAMONDHEAD MS</b>	2.4 CITY-ST-ZIP	<b>Diamondhead, Ms. 39525</b>
TITLE	<b>PD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES, ARTIS E</b>	3.2 NAME	
STREET ADDRESS	<b>4402 E ALOHA DR #3</b>	3.3 STREET ADDRESS	<b>4401 East Aloha Dr.</b>
CITY-ST-ZIP	<b>DIAMONDHEAD MS</b>	3.4 CITY-ST-ZIP	<b>Diamondhead, Ms. 39525</b>
TITLE	<b>D</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCOWN, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>4402 E ALOHA DR #3</b>	4.3 STREET ADDRESS	<b>4401 East Aloha Dr.</b>
CITY-ST-ZIP	<b>DIAMONDHEAD MS</b>	4.4 CITY-ST-ZIP	<b>Diamondhead, Ms. 39525</b>
TITLE	<b>V</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HECTOR, HOLCOMB P.</b>	5.2 NAME	
STREET ADDRESS	<b>4402 E ALOHA DR, #3</b>	5.3 STREET ADDRESS	<b>4401 East Aloha Dr.</b>
CITY-ST-ZIP	<b>DIAMONDHEAD MS</b>	5.4 CITY-ST-ZIP	<b>Diamondhead, Ms. 39525</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I 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 officer or 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 checked, or on an attachment with an address.

SIGNATURE: *Carl H. Joffe* Vice President/Finance      2/1/95      (601) 255-7773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #