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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 361754

1. Corporation Name

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Principal Place of Business		NO TO THE PROPERTY OF THE PARTY					
P.O. BOX 1 ROBANTOWN FL 3656-7001 ROBANTOWN FL 3466-7001 ROBANT	Principal Place	of Business	Mailing Address			i idalah tilih dilat ikali idalah	nini aidi aidit Biasi bidil didil didil bidit babi
NOAMTOWN FL 34986-7001 NOAMTOWN FL 34986-7) BLVD			
2. Frincapia Place of Etusiness 2. Mailing Address 3. Date Incorporated of Qualified 30.026/1970 30.026/1970 30.026/1970 3. Popular Face of Etusiness 3. Date And Assess 3. Suite And A. et al. 3. Suite				ec 2004			
Suite, April 4, etc. 25 Suite, April 4, etc. 25 Suite, April 4, etc. 27 Suite, April 4, etc. 28 Suite, April 4, etc. 27 Suite, April 5, additional of Status Desired \$5.00 May Be and a few five or improved on the provisions of Suite (April 4) and a few five or improved on the provisions of Suite (April 4) and a few five or improved o	MUMNION	N FL 34930-700)	INDIANTOWN FL 343	100-7UUI			
Secret April 1, etc. Secret April 1, etc.	2. Principal Pi	ace of Business	2a. Mailing Address			1 **	Applied For
City & Sints	21		26			59-1297514	
28	Suite, Apt.	#, etc.	<u></u> ⊢			5. Certificate of Status Desired	¥ =
25 29 30 75 75 75 75 75 75 75 7	City & State	2	<u>⊢</u> -₁ ·				T
10, Name and Address of New Registered Agent 10, Name and	Ζιρ	Country	Zip	Country	,	8. This corporation has liability for	or intangible tax under s. 199.032,
WALL, IRIS	24			30	-		
WALL, RIS 18500 S W PALOMINO STREET NDIANTOWN FL 34956 88 88 88 Crt		9. Name and Address of Curren	t Registered Agent		T		Registered Agent
16500 S W PALOMINO STREET INDIANTOWN FL 34956 84				81	Name		
NDIANTOWN FL 34566				82	Street	Address (P.O. Box Number is Not Accept	able)
1. Pursuant to the provisions of Sections 607 0502 and 607 1508. Forital Statutes, the above named corporation submiss this statement for the purpose of changing als registered after registered agent, or both, in the State of Foods. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am registe				83			
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SIGNATURE Sign				04	City		FL BS ZIP Code
Table FB	familiar wi	th, and accept the obligations of, Secti Signature, typical or printed name of registered again.	on 607,0505, Florida Statute:	S. OTE: Registered Age		rroquireci wifas i revostating)	DATE
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NAME				1			
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16500 SW PALOMINO ST 100000							ChangeAddition
NDIANTOWN, FL 00000					YUUDEGG		
THE SD						1	5
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16200 SW MAPLE AVE	NAME	LAWRENCE, CAROLYN W	_	3 2 NAME		1	
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DELETE	CITY - ST - ZIP	INDIANTOWN, FL 00000		3.4 C(1) Y - S	ST - ZIP		
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A CITY - ST-ZIP	NAME			4.2 NAME			
THE	STREET ADDRESS			4.3 STREET	ADDRESS		
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STREET ADDRESS CITY ST-ZIP 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			☐ DEFE1E				Change Addition
City St- ZiP 64 City - St- ZiP							
THE LEVEL DESCRIPTION THAT THE INTERPRETARION CHECKING WITH THE THEORY IS CONTROLLED AND ADDRESS OF A CONTROL OF THE PROPERTY		w certify that the information supplied u	with this filing is unfuntable for			ralify for the execution stated in Section 11	9 07/(3)(k) Florida Stat dos 1 6 dhe-

14. I do nerecy certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 logal 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 changed, or on an attachment with an address.

SIGNATURE:

CAROLYN W. LAWRENCE—SECRETAY 4/8/96 407—597—3506

Bignature Proc 3 for the corporation of the corpo

CR2E034 (12/95)