FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Moriham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 726393

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Principal Place	of Business	Mailing Address					
777 S FLAGL 1113. WEST		777 S FLAGLER DR 1113. WEST TOWER WEST PALM BEACH FL 33477 US					
US	beholi (C 3547)			3. Date Incorporated or Qualified 05/11/1973	•		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		59-1958240		Not Applicable	
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7	75 Additional e Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zip	Count	ry	8. This corporation has liability for in		s. 199.032,
24	25		30		Florida Statutes L		
	9. Name and Address of Current	Registered Agent	8	1 Name	10. Name and Address of New Re	gistered Agent	
			l°	Name			
MEISEL, DAVID S 777 S FLAGLER DR WEST TOWER				2 Street Ad	ldress (P.O. Box Number is Not Acceptable)	
	113, WEST TOWER PHILLIPS PO	INT	8	3			······································
	ALM BEACH FL 33401		8	4 City		 85	Zip Code
				'		FL	`
11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the above	-named corp	oration submits this statement for the purp pard of directors. I hereby accept the appoi	ose of changing its	s registered office
familiar wit	h, and accept the obligations of Section	on 617.0503, Florida Statutes.	<i>a b</i> , (10 co.	po-0	ord or director trickets, decept into appear		age
SIGNATURE							
12.	Signature, typed or printed name of registered agent a OFFICERS AND		Registered Ag	gent signature renu	pred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE SERS AND DIRECT	TORS IN 12
TITLE	PD OFFICERS AND	DELETE	1.1 TITLE	: T	ADDITIONS/CHANGES TO OFFIC	Chang	
NAME	OWENS, ROBERT T		1.2 NAM				
STREET ADDRESS	577 COUNTRY CLUB DRIVE			ET ADDRESS			
CITY-ST-ZIP	ATLANTIS FL			- ST - ZIP			
TITLE	VD	DELETE	2.1 TITLE			☐ Chang	e 🔲 Addition
NAME	HARPER, MARY		2.2 NAM	E			
STREET ADDRESS	630 OCEAN DRIVE, #103		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	JUNO BEACH FL 33469		2 4 C(T)	- ST - ZIP			
TITLE	TD	DELETE	3 1 TITLE			☐ Chang	e
NAME	CARPENTER, CHARLES M		32 NAM	E			
STREET ADDRESS	131 ELLAMAR ROAD			ET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL	DELETE	_	- ST - ZIP		Chang	e 🔲 Addition
TITLE	SD MEIOEL DAVAD O		4 1 TITLE 4 2 NAM			спану	e Nadition
NAME STREET ADDRESS	MEISEL, DAVID S 777 SO FLAGLER DR SUITE	1112 W TOWED		ET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL	1113, W IOWER	4.4 CITY				
TITLE	WEST FALM DEACHTE	DELETE	5 1 TITLE			Chang	e 🔲 Addition
NAME			5 2 NAM	E		 -	
STREET ADDRESS			5 3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		DELETE	6.1 TITU	:		Chang	e 🔲 Addition
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP	47 No. 10 10 10 10 10 10 10 10 10 10 10 10 10	the state of the s		- ST - ZIP		7(0)(84 Ft- :: 2- C:	A. 400 6 . 45
certify that	y certify that the information supplied w t the information indicated on this annu I am an officer or director of the corpoi in Block 12 or Block 13 if changed for o	al report or supplemental armu-	al report is,	true and acci	y for the exemption stated in Section 119.0 urate and that my signature shall have the s this report as required by Chapter 617, Flor	ame legal effect a rida Statutes; and	tures, Flurther s if made under that my name

SIGNATURE:

How 177 S. Tlagler Drive, Ste. 1113

BIGHAPURE AND TYPED OR PRINTED NAME OF SIGNAND OFFISER ORDINITY TO 33401-6163

4/18/96

Daytime Phone #

CR2E037 (12/95)