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NONPROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE:



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

DOCUMENT :	#	741	797
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BOX 783(320763) COCOA BEACH FL 32931 US 3. Date Incorporated or Qualified O2/23/1978 O3/31/1995 O2/23/1978 O2	5 Silied For Applicable dditional quired May Be Fees 9,032,
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2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Fill Number 3. Suite, Apt. #, etc. 3. City & State 3. City & State 3. City & State 3. Country 4. State 4. Ell Number 5. Certificate of Status Desired \$8.75 Ac. Fee Req 7. Trust Fund Contribution Added to Added to Trust Fund Contribution Added to Trust Fund	5 Silied For Applicable dditional quired May Be Fees 9,032,
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City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Signatures Signatures Signatures CARDELL, JIM COCOA BEACH FL 32931 11. Pursuant to the provisions of Seekers 617,0502 and 57,1200 Forida Statutes, the above-named corporation submits this statement for the purpose of changing its regist or registered agent, or port is the State of Figure Signature was authorized by the dorporation's board of directors. I hereby accept the appointment as registered agent arministry with, and a order of collegating or period name of registered agent and the if applicable. NOTE: Registered Agent and the order of the purpose of changing its regist or registered agent, or port for the State of Figure Signature was authorized by the dorporation's board of directors. I hereby accept the appointment as registered agent arministry with, and a order of collegating or period name of registered agent and the if applicable. NOTE: Registered Agent or remislating) DATE PD DELETE 1.11TILE PD CARDELL, JIM CARDELL, JIM CARDELL, JIM City Fee Req Trust Fund Contribution Added to Statutes This corporation has lability for intangible tax under s. 198 Street Address (P.O. Box Number Is Not Acceptable) Street Address (P.O. Box Number Is Not Acceptable) 11. Pursuant to the provision of Section of Control of Section	quired May Be Fees 9.032, ode stered office ent. I am
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Place Plac	ode stered office ant. I am
9. Name and Address of Current Registered Agent CARDELL, JIM 201 ST. LUCIE LANE #401 COCOA BEACH FL 32931 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Co 11. Pursuant to the provisions of Sections 617,0502 and 517,1309 forida Statutes, the above-named corporation submits this statement for the purpose of changing its regist or registered agent, or both for the State of Florida Statutes, and accept to biligating of section 51,0603, Florida Statutes. SIGNATURE Signate: Specific provisions of Sections 617,0502 and 517,1309 forida Statutes. NOTE: Registered Agent solve required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTILE PD	stered office ant. I am
CARDELL, JIM 201 ST. LUCIE LANE #401 COCOA BEACH FL 32931 83 City FL 85 Zip Co 11. Pursuant to the provisions of Sections 617 0502 and 637 1209 Forida Statutes, the above-named corporation submits this statement for the purpose of changing its regist or registered agent, or both in the Status of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered age familiar with, and accept the obligations of section of 1503, Florida Statutes. SIGNATURE Slogging Typed or printed name of registered agent and little if applicable. NOTE: Registered Agent agent agent when reinslating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I TITLE PD CARDELL, JIM CARDELL, JIM	stered office ant. I am
201 ST. LUCIE LANE #401 COCOA BEACH FL 32931 83 City FL 85 Zip Co 11. Pursuant to the provisions of Sections 617 0602 and 617 1209 Forida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the Statute of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent familiar with, and accept the obligations of section of 5603, Florida Statutes. SIGNATURE Signature, Typed or printed name of registered agent and little if applicable. NOTE: Registered Agent signeture required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE CARDELL, JIM Change	stered office ant. I am
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TITLE PD DELETE 1.1 TITLE NAME CARDELL, JIM 12 NAME	
NAME CARDELL, JIM 1.2 NAME	Addition
	J / Wallion
CITY-ST-ZIP COCOA BEACH FL 14 CITY-ST-ZIP	
	Addition
NAME GRAHAM, RUBY 22 NAME	
STREET ADDRESS 201 ST LUCIE LANE 601 2.3 STREET ADDRESS	
CITY-ST-ZIP COCOA BEACH, FL 00000 2.4 CTY-ST-ZIP	
	Addition
NAME BYRD, DALE C 32 NAME	
STREET ADDRESS 201 ST. LUCIE LANE 508 33 STREET ADDRESS	
CITY-ST-ZIP COCOA BEACH FL 3.4. CITY-ST-ZIP	7.200
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NAME BLACKWELL, DANA STREET ADDRESS 201 ST. LUCIE LANE 304 4.2 NAME 4.3 STREET ADDRESS	
COACA PERCUL EL ASSAC	
	Addition
NAME HUGHES, WILLIAM 5.2 NAME	T VOOURNII
STREET ADDRESS 201 ST. LUCIE LANE #701 5.3 STREET ADDRESS	
DITY-ST-ZIP COCOA BCH. FL 5.4 CITY-ST-ZIP	
	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 filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07/3VW. Florida Statutes L	further
certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if mac oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my appears in Block 12 or Block 13 if changed, or on an attachment with a difference of the corporation of the corporat	ue uncier y name
appears in block 12 or Block 3 if changed, or on an attachment with about diress.	10