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## FILE NOW: FILING FEE IS \$61.25 NONPROFIT FLORIDA DEPARIMENT

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION OF CO	ORPORATIONS				
DOCU 1. Corporatio	MENT # 74181	3 (0)					
SEASO	CAPE CLUSTER, INCORPO	PATED.					
OLAG	OALE OLOUTERS MOOTH O	חאונט			) ( <b>0 1</b> ):11 ( <b>3 6</b> ): <b>3 (8 0</b> ) (1 <b>1 8</b> ) ( <b>3 1 8</b> )	nica Braco Arbon Arbon Arbon	BIAIT BIAN IAN
Principal Place	e of Business	Mailing Address		ĺ	L SMALITE IMMST MINNET INKRY IMINI (SMAN)	ISUT MANAN MININ MININ MININ	ATAN DIBILIRA
	RRILL MANAGEMENT	ELLIOTT MERRILL MANAG	SEMENT				
1105 12TH 1 VERO BCH	=	1105 12TH ST VERO BCH FL 32960		ĺ			
US	11. 01.000	US		3. Dat	e Incorporated or Qualified	3a. Date of Last F	•
2 Dringing D	leas of Divisions		- 1		02/24/1978	04/24/19	995
21 Principal Pi	lace of Business	2a. Mailing Address		4. FE1	Number 59-1874037	·	optied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			39-1074037		ot Applicable
22		27		<b>5</b> . Cer	tificate of Status Desired	1 1	Additional equired
City & State	e	City & State		6. Elec	ction Campaign Financing	\$5.00	May Be
23		28		Trus	st Fund Contribution		to Fees
Zip	Country	Zip	Country	<b>I</b>	corporation has liability for inta	~ 1_/	99.032,
24	9. Name and Address of Curre		1		ida Statutes		
		in trogistorou Agont	81 Name		THE BILL MODITION OF HAW MAD	istered Agent	
FILIOT	T MERRILL MANAGEMENT		20 0	111			
	L, CRAIG		82 Street		ox Number is Not Acceptable)		
	BEACH FL 32960		83				
			84 City			at Zin	Code
			,				1
oi register	to the provisions of Sections 617,050 red agent, or both, in the State of Flor	ina. Such channe was authorized t	the above-named c	corporation subm	its this statement for the purpours. Thereby accept the appoint	se of changing its rec	gistered office
iai niiai wi	th, and accept the obligations of, Sec	tion 617.0503, Florida Statutes.	,		services, desept the appear	anone os registered d	gorit. Fairt
SIGNATURE .	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTF: F	Registered Agent signature	renuired when reinstati	nal	DATE	
12.		ND DIRECTORS	13.		DITIONS/CHANGES TO OFFICE		S IN 12
TITLE	VP	DEFELE	1.1 TITLE	a		Change	Addition
NAME	FLANAGAN, JAMES		1.2 NAME			Augus a	
STREET ADDRESS	2400 S. OCEAN DR		1.3 STREET ADDRESS	2400 S	ocean Drive	2,#4369	
CITY-ST-ZIP TITLE	FT. PIERCE FL	Morier	1.4 CiTY - ST - ZiP				- NA
NAME	PD Grant, Clayton	DELETE	2.1 TITLE 2.2 NAME	AD 7	1 14100.6	. A Change	Addition
STREET ADDRESS	2400 S.OCEAN DR.		2.2 NAME 2.3 STREET ADDRESS	FIEA	ler, Werner 5, Ocean Di	106, # 43	90
CITY-ST-ZIP	FT.PIERCE FL		2.4 City-St-Zip	3400	since El 3	49619	'
THE	TD	DELETE	3.1 TITLE	60	TEIR! LC 3	V Change	Addition
NAME	MEE, JOHN	_	3.2 NAME	' -		************	
STREET ADDRESS	2400 S OCEAN DRIVE		3.3 STREET ADDRESS				ļ
CITY-ST-ZIP	FT PIERCE, FL 00000		3.4. CITY-ST-ZIP				
TITLE	\$D	DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	MEE, CHARLOTTE	••	4. 2 NAME				
STREET ADDRESS	2400 S OCEAN DRIVE, #430	34	43 STREET ADDRESS				
CITY-ST-ZIP TITLE	FT.PIERCE FL D	N DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	<u> </u>	····	Change	N Addition
NAME	CARNEY, HUGH	DELETE	5.2 NAME	Eerli	si, Carmen s. Ocean Driv Jerug FL 31		Addition
STREET ADDRESS	2400 \$.OCEAN DR.		5.3 STREET ADDRESS	Silvo d	S. Ocean Drit	e # 4141	
CITY-ST-ZIP	FT.PIERCE FL		5.4 CITY-ST-ZIP	Et 0:	Prie El 3	PUPL	`
TITLE	D	DELETE	6.1 TITLE		<del>, , , , , , , , , , , , , , , , , , , </del>	Change	☐ Addition
NAME	DOUGHERTY, EDWARD		6.2 NAME		41.		
STREET ADDRESS	2400 S.OCEAN DR.	•	6.3 STREET ADDRESS	2400 8	s. Ocean Dr. 1#	4241	
CITY-ST-ZIP	FT.PIERCE FL	with this filing is valuatorily furnished	6.4 CITY - ST - ZIP	<u> </u>			

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)(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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CONTINUED

TD ADDITION
Beck, Robert F.
2400 South Ocean Drive, #4352
Ft. Pierce, FL 34949