## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

Suite, Apt. #, e	INC AVE L 32127	Mailing Address  4801 SO ATLANTIC AV PONCE INLET FL 3212 US		<u> </u>			
1801 SO ATLAN PONCE INLET FI JS Principal Place Suite, Apt. #, e	INC AVE L 32127	4601 SO ATLANTIC AV PONCE INLET FL 3212					
Principal Place Suite, Apt. #, e	L 32127	PONCE INLET FL 3212					
Suite, Apt. #, e	of Business	PONCE INLET FL 32127		3. Date Incorporated or Qualified	3a. Date of Last Report		
Suite, Apt. #, e	of Business		····		08/11/1989	04/18/1995	
	26		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-2968389	Applied For Not Applicate	
					5. Certificate of Status Desired	\$8.75 Additional	
		27	<del></del>			Fee Required  \$5.00 May Be	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	,	8. This corporation has liability for in		
	25 9. Name and Address of Current	Peoletered Agent	30		Florida Statutes L.  10. Name and Address of New Re	Yes No egistered Agent	
;	9. Hame and Address of Current	Trogistored rigoric	81	Name	Robert Brazeau		
WELLS, SANDIE 82					idress (P.O. Box Number is Not Acceptable		
4601 SO ATLANTIC AVE PONCE INLET FL 32127			83		1 So Atlantic Ave.		
				# 2	06	B5 Zip Code	
			84	Pc	nce Inlet,	FL    32127	
. Pursuant to t	he provisions of Sections 617.0502	and 617.1509. Florida Statute	es, the above-	named corp	coration submits this statement for the purposard of directors. I hereby accept the appo	oose of changing its registered o intment as registered agent. I ar	
		on 617.0503, Florida Statutes	i.		,	1-21-96	
SNATURE	Robert Brazeau nature, Mysed or printed name of registered agent a	and tire I applicable. (NC	TE: Registered Age	nt signature req	ured when reinstating)	DATE	
	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12  Addition	
E	PD MELLO CAMPIE	₩oereie	1.1 TITLE 1.2 NAME	1	PD	ES Outride 110000	
ME EET ADDRESS	WELLS, SANDIE 4601 SO ATLANTIC AVE #60	12		T ADDRESS	Robert Brazeau 4601 So Atlantic A	ve., # 206	
Y-ST-ZIP	PONCE INLET FL		1.4 CITY -	ST-ZIP	4601 So Atlantic A Ponce Inlet, FL 3	32127	
LE	VD	<b>⊠</b> DELETE	2 1 TITLE		VD	Change Additi	
AE .	CALDWELL, JIM	10	2.2 NAME	ET ADDRESS	Elmer Miller 4601 So Atlantic A	lve. #506	
REET ADDRESS	4601 SO ATLANTIC AVE #70 PONCE INLET FL	33	2 4 CITY		Ponce Inlet, FL 32	2127	
Y-ST-ZIP LE	TD	<b>⊠</b> DELETE	3 1 TITLE		TD	Change Addit	
ME	REICHOLD, CHARLIE		3 2 NAME		Keith Altizer	#200	
REET ADDRESS	4601 SO ATLANTIC AVE #30	06		ET ADDRESS	4601 SO Atlantic A	lve. #208	
Y-ST-ZIP	PONCE INLET FL	<b>⊠</b> DELETE	3.4. OTY 4.1 TITLE		Ponce Inlet, FL 3	X Change ☐ Addit	
LE	SD Llopiz, Oscar	<b>₽</b>	4. 2 NAM	1	SD Lloyd Beery		
ME REET ADDRESS	4601 SO ATLANTIC AVE #10	03		ET ADORESS	4601 SO Atlantic A	Ave. # 207	
ITY-ST-ZIP	PONCE INLET FL		4.4 CITY		Ponce Inlet, FL	32127	
TLE	D	<b>⊠</b> DELETE	5 1 TITLE		MAL	Change Addit	
ame .	JONES, SEABORN	•	52 NAMI	Į.	Marge Della Valle 4601 SO ATlantic	AVe. # 503	
TREET ADDRESS	4601 S. ATLANTIC AVE #70	<b>B</b>		ET ADDRESS	Ponce Inlet, FL 3		
ITY - ST · ZIP	PONCE INLET FL 32127	<b>⊠</b> DEL€TE	5.4 CITY 6.1 TITLE		101100 211207,	☐ Change ☐ Addit	
AME		<b></b>	6.2 NAM	L	30000178	350 <u>0</u> 3 <b>,/</b> -	
TREET ADDRESS				ET ADDRESS	-04/18/96010	113003 <i>M</i>	
			- 64 CITY	-ST-ZIP	***61.25  lify for the exemption stated in Section 119.  Curate and that my signature shall have the	O7/3/I/A Florida Statutas Lituras	

SIGNATURE:

Robert Brazeau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 - 21 - 96 Dare

904-788-7782 Daytime Prione \*

CR2E037 (12/95)