NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N95000000318 (4)

Principal Place of Business

P.O. BOX 638

Mailing Address

P.O. BOX 638



DELINE DEN	JIT FL 33447-0636	DELRAT BEACH FL 334474	U638					
•						 Date Incorporated or Qualified 01/19/1995 	3a. Date o	Last Report A
 Principal Pla 	Principal Place of Business 2a. Mailing Address					4. FEI Number 65-0551253	7	Applied For
Suite, Apt. #, etc.		Suito Apt # ata	Suite, Apt. #, etc.			03-0331233		X Not Applicable
22			27			5. Certificate of Status Desired	<u>X</u> X \$	8.75 Additional Fee Required
City & State)	City & State				6. Election Campaign Financing		
23		28				Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Ζιρ	Count	ry		8. This corporation has liability for in		
24	25 9. Name and Address of Curre		30				Yes 🔼 No	
	10. Name and Address of New Registered Agent 81 Name							
BB644B4	*******		l e	1 Name BRC	. NWC	TOMMY L.		
BROWN,	82 Street Address (P.O. Box Number is Not Acceptable)							
424 NE 14 AVE				8123 MYSTIC HARBOR CIRCLE				
BUTNIU	N BEACH FL 33435		ľ	3				
•				4 City BOY	OTN	N BEACH,	FL 8	33436
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am								
familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE Signature, typed or printed harve of registered agent and bits it applicable. (NOTE: Registered Agent signature required when renstating): DATE								
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	DERS AND DIR	ECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		P/D		[X] Ch	
NAME	BROWN, TOMMY L		1.2 NAM		BROW	N, TOMMY L.		_
STREET ADDRESS	424 NE 14 AVE		1.3 STRE	ET ADDRESS	1	MYSTIC HARBOR	CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		1.4 CITY	- ST - ZIP	1	TON BEACH. FL	33436	
TITLE	STD	DELETE	2 1 TITLE		S/D		IX Ch	ange 🔲 Addition
NAME	BROWN, DARLENE A		22 NAM			VN, DARLENE A.		
STREET ADDRESS	424 NE 14 AVE			ET ADDRESS	8123	MYSTIC HARBOR	CIRCLE	
CITY-ST-ZIP TITLE	BOYNTON BEACH FL 33435	DELETE	2 4 CITY		BOYN	TON BEACH, FL	33436	
NAME	BUTLER, RICHARD W		3 1 TITLE 3 2 NAM		T/D	ARD, PAULA L.	☐ Ch	ange XX Addition
STREET ADDRESS	2988 DORSON WAY				1	S.W. 14th AVENU	nto	
CITY-ST-ZIP	DELRAY BEACH FL 33445		3 4. CITY		,		3444	
TITLE	D	₩ OELETE	4 I TITLE		D	CAT BEACH, THE	Ch	ange XXAddition
NAME	Butler, Emma J		4 2 NAM	E	I	S, PATRICIA A.		
STREET ADDRESS	2988 DORSON WAY		4.3 STRE	ET ADDRESS		S.W. 8TH COURT		
CITY-ST-ZIP	DELRAY BEACH FL 33445		4.4 CITY	·ST · ZIP	DELRAY BEACH, FL 33444			
TITLE		DELETE	5 1 TITLE				☐ Ch	ange 🔲 Addition
NAME			5 2 NAMI					
STREET ADDRESS			5 3 STRE	ET ADDRESS		وں رسی ہے رسی رسی رسی رسی رسی		
CITY-ST-ZIP			5 4 CITY			20000184	UBSZZ	- "
TITLE		DELETE	6 1 TITLE			-05/28/960103 ***70.00	>4~~U ⊡ ‡€n.	ange 🔲 Addition
NAME			62 NAMI]	ककक।छ.५७४		
STREET ADDRESS				ET ADDRESS				
14. I do bereby	certify that the information supplied	with this filing is voluntarily turnishe	64 CITY		lifty for the	a avamation stated in Pastice 440.0	ZIOVIA Electricate (Statutaa I fi utbar

root beloby certify that the information indicated on this niring is voluntarily furnished and does not quality for the exemption stated in Section 119.0/[3](8), Florida Statutes. I further certify that the information indicated on this annual report is report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 TYPEGOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96

(407) 369-5593

Duytime Phone #

CR2E037 (12/95)