## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

BUILDING C. UNIT 6 PORT ST. LUCIE FL 34952-3431  Principal Place of Business  2a. Mailing.	HOLBROOK CT C. UNIT 6						A REPORT DIAL ISTA
BUILDING C. UNIT 6 PORT ST. LUCIE FL 34952-3431  Principal Place of Business  2a. Mailing	C. UNIT 6						1 49101 0111 1001
	BUILDING C. UNIT 6 BUILDING C. UNIT 6			Date incorporated or Qualified	3a Date	of Last R	Renord
				11/09/1992		1/26/19	
	Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number		<del>` ;    </del>	Applied For
College Artholic attacks and the college attacks and the college attacks are also attacks and also attacks are also attacks and also attacks are also attacks and also attacks are also attacks are also attacks and also attacks are also attacks and also attacks are also attacks and also attacks are also attacks are also attacks and also attacks are also attacks and also attacks are also attacks are also attacks and also attacks are also attacks and also attacks are also attacks are also attacks and also attacks are also attacks are also attacks and also attacks are	-1.11			65-0369837			Not Applicable
Suite, Apt. #, etc. Suite, A	pt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State City & S	itate			6. Election Campaign Financing			May Be
28				Trust Fund Contribution			d to Fees
Zip Country Zip		Country		8. This corporation has liability for		x under s	199.032,
25 29 29 9. Name and Address of Current Registered Ag	30	L			s □No	A	
9. Name and Address of Current negistered Ag	ent	81	Name	10. Name and Address of New I	Registered i	Agent	
WELCH, WALLACE 4900 N.W. IRRINGTON TERRACE				(D.O. D. M. C M. A			
				ess (P.O. Box Number is Not Acceptable)			
PORT ST. LUCIE FL 34983		83			·		
		84	City			85 Zi	p Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, For registered agent, or both, in the State of Florida. Such change			· · · · · · · · · · · · · · · · · · ·		<u>FL</u>		
familiar with, and accept the obligations of, Section 607.0505, Flo  IGNATURE  Signature, typed or printed name of registered agent and title if applicable.  2. OFFICERS AND DIRECTORS		istered Agent	t signature required	I when reinstating: ADDITIONS/CHANGES TO OFF	DATE EICERS AND	DIRECTO	DRO IN 12
	DELETE	1 1 TITLE		ADDITIONS/GITANGES TO GIT		Change	Addition
WELCH, WALLACE 4900 N.W. IRRINGTON TERRACE TY-ST-7IP PORT ST. LUCIE FL 34983		1.2 NAME 1.3 STREET 1.4 City-Si					
TLE VD	DELETE	2 1 TITLE			Ĺ	Change	Addition
MELCH, LINDA		2 2 NAME	ĺ				
4900 N.W. IRRINGTON TERRACE		2.3 STREET					
(Y-S1-ZIP		2 4 CITY-ST	1 - ZIP		p-	7 66	- Addition
NE WELCH, WALLACE	•	3. 1 TITLE 3.2 NAME			L	] Change	☐ Addition
RELIT ADDRESS 4900 N.W. IRRINGTON TERRACE	1	3.2 NAME	ADORESS				
PORT ST. LUCIE FL 34983		3.4 CITY-ST	ì				
		4. 1 TITLE				Change	☐ Addition
ME		4.2 NAME					
HEFT ADDRESS	J	4.3 STREET	ADDRESS				
(Y-ST-ZIP	DELETE	4.4 CITY - ST	- ZIP			7.05	
		5. 1 TITLE			Ĺ	] Change	☐ Addition
ME REEL ADDRESS		52 NAME 53 STREET	ADDDESS				
Y-ST-21P		54 CITY-ST					
		6 1 TITLE		-		Change	☐ Addition
ME		6.2 NAME					
REFT ADDRESS		6.3 STREET	ADDRESS				
IY-ST-ZIP  1. I do hereby certify that the information supplied with this filing is vo		6.4 CITY-ST					

SIGNATURE: SIGNATURE AND TYPED OR PRINTED A

RECTOR WALLACE WELL 4/22/96 (40) 337 +166