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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

	JMENT # <b>P930</b> NOTE: POST   PO	00056682 (	6)		ifi Beler Brill Gifth Binks lake (ske lake)
Principal Plac	ce of Business	Mailing Address			
134 SEABREEZE CIRCLE JUPITER FL 33477  134 SEABREEZE CIRC JUPITER FL 33477  134 SEABREEZE CIRC JUPITER FL 33477			RCLE		au aanst sing sing sudi 18116 USI 1821
2 Principal C	N			3. Date Incorporated or Qualified 08/12/1993	3a. Date of Last Report 04/04/1995
21 - Ellicipal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0429324	Not Applicable
22 City 8 Ct-1		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 Nov. Pa
Zip	Country	28 Zip	Country		Added to Fees
24	25	29	30	8. This corporation has liability for inta Florida Statutes	ngible tax under s. 199.032,
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Regi	
134 SE/	L, DANIEL D ABREEZE CIRCLE R FL 33477		82 Street Add  83 City	dress (P.O. Box Number is Not Acceptable)	B5 Zip Code
SIGNATURE _	Signature, typod or printed name of registered age	otton 607.0505, Florida Statute:	tes, the above named corpo zed by the corporation's boa s.	ration submits this statement for the purpos ird of directors. I hereby accept the appointr	nent as registered agent. I am
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	DATE RS AND DIRECTORS IN 12
NAME	GOEBEL, DANIEL D	☐ DELETE	1. 1 TITLE 1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS City-St-Zip	134 SEABREEZE CIRCLE JUPITER FL		1.3 STREET ADDRESS		
IIILE	OUTIEN FL	☐ DELETE	1.4 CiTY - ST - ZiP		
NAME		[] הנגנונ	2 1 TITLE 22 NAME		☐ Change ☐ Addition
STREET ADDRESS			2 3 STREET ADDRESS		
ITY · ST - ZIP	<u> </u>		24 CITY-S1-ZIP		
INCF AME		DELETE	3. 1 TITLE		Change Addition
TREET ADDRESS			3.2 NAME		
ITY-SI-ZIP			3.3 STREET ADDRESS		
ITLE		DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE		
AMÉ		_	4.2 NAME		Change Addition
TREET ADDRESS			4 3 STREET ADDRESS		
TY - ST - ZIP	·		4.4 CITY-ST-ZIP		
TLF NME		DELETE	S 1 TITLE		☐ Change ☐ Addition
REE! ADDRESS			5 2 NAME		
TY-ST-ZIP			5.3 STREE" ADDRESS		
LE		DELETE	5.4 CITY-ST-ZIP		
ME		□ Milit	6.1 TITLE		☐ Change ☐ Addition
REET ADDRESS	<b>.</b>	^	6.2 NAME 6.3 STREET ADDRESS		
TY - \$T - ZIF	// //	1 1/1	6.4 CITY-ST-ZIP		
oath; that I a	certify that the information supplied whe information indicated on this annual am an officer or director of the corporation 12 or Block 12 or Block 13 if frances for a	wh this liling is voluntarily furnis all proof of supplemental annu after of the receiver or trustee from the homent with an addre	shed and does not qualify for	the exemption stated in Section 119.07(3)(i a and that my signature shall have the same report as required by Chapter 607, Florida S	k), Florida Statutes. I further legal effect as if made under statutes; and that my name

**SIGNATURE:** 

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

743.1356 (407)