FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N35409

Principal Place of Business Mailing Address C/O KERRY FIN 7500 ST. ANDREWS ROAD LAKE WORTH FL 33467 CONDUCTION, INC. Mailing Address C/O KERRY FIN 7500 ST. ANDREWS ROAD LAKE WORTH FL 33467				<u> </u>			
LANE WORLD	n re 33407	LAKE WORTH PE	33467		3. Date incorporated or Qualified 11/27/1989	3a. Date of Las 04/27/1	
Principal Place of Business Total		2a. Mailing Address 26		4. FEI Number 65-0167580	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 '	5 Additional Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees	
Zip 24	Country 25	Zip 29	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	Curre	nt Registered Agent		Name	10. Name and Address of New Re	gistered Agent	
FINN, K	ERRY		["			_	
	. ANDREWS ROAD		82	Street Add	ress (P.O. Box Number is Not Acceptable	:)	
LAKE W	ORTH FL 33467		83				
			L	·			
			84	City		FL 85 Z	ip Code
11. Pursuant or register familiar wi	to the provisions of Sections 617,050 red agent, or both, in the State of Flor th, and accept the obligations of, Sec	2 and 617.1508, Florida S ida. Such change was aut	tatutes, the above-r horized by the corp	lamed corpo oration's boa	ration submits this statement for the purpord of directors. I hereby accept the appoin		registered office
SIGNATURE	and decept the obligations of, Sec	ilon bii 7.0503, Florida Sta	tutes.		The second secon	minent as registered	a agent. i am
	Signature, typed or printed name of registered agen	and title if applicable	(NOTE: Registered Agen	. Sideafore recover	Plus Paur source W. of		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS: CHANGES TO OFFIC	DATE FERS AND DIDECTO	300 IN 10
TITLE	DP FINE KEDOW	DELETE	1.1 TITLE	J	216 61 11620 10 0110	Change	Addition
NAME	FINN, KERRY		1.2 NAME				L1 Addition
STREET ADDRESS	7500 St. Andrews Rd. Lake worth fl		1.3 STREET	ADDRESS			
CITY-ST-ZIP	DS DAKE WORTH FL	·	14 CITY-S	- ZIP			ł
TITLE	RUSSELL, SUSAN	DELETE	2 1 FIFLE			Change	Addition
NAME CIRCLI ADDRESS	7500 ST, ANDREWS ROAD		2 2 NAME			_ ,	
STREET ADDRESS	LAKE WORTH FL		2 3 STREET ADDRESS				
CITY-ST-ZIP TITLE	DVI	D05: 574	2 4 CITY · S	T-ZIP			
NAME	JARRELL, MARK	DELETE	31 TITLE			☐ Change	Addition
STREET ADDRESS	7500 ST, ANDREWS ROAD		3.2 NAME				
CITY-ST-ZIP	LAKE WORTH FL		3 3 STREET ADDRESS				1
THTLE		DELETE	3 4. CHTY - ST	· ZIP			
NAME		Plotter	4 1 TITLE			☐ Change	☐ Addition
STREET ADDRESS			4 2 NAME				Í
CITY-ST-ZIP			4 3 STREET A	1			ľ
TITLE		DELETE	4 4 CITY-ST 5 1 TITLE	ZIP			
NAME			5.2 NAME			☐ Change	☐ Addition
STREET ADDRESS			5 3 STREET A	DDRESS			
CITY-ST-ZIP			5.4 City - St	ľ			
TITLE		DELETE	6 1 TITLE	£117		[]Chana	
NAME			62 NAME			Change	Addition
STREET ADDRESS			6 3 STREET A	ODRESS			1
CITY-ST-ZIP			C 4 01734 OF				
I do hereby	certify that the information supplied w	ith this filing is voluntarily f	urnished and does	not qualify for	the a	··	

certify that the information indicated on this ming is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further 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 changes from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED UP FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Prion∈ #