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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

1. Corporation	IMENT # 19353 RA TRAILER COURT INCOR	\ -/		1 10 1 10 1 10 1 10 10 10 10 10 10 10 10	: 8/8/ 3/8// 8/3// 6/3// 6) 6/6// 3/6// 3/6// 6/6//
Principal Place of Business Mailing Arldress					
806 PARK AVENUE LAKE PARK FL 33403		Mailing Address 805 PARK AVENUE LAKE PARK FL 33403		. seeses seese seese studt alsod stult alstit bildit Bildit Bildit Bildit Bildit Bildit Bildit Bildit	
2 Principal D	lace of Business	T		3. Date Incorporated or Qualified 05/31/1956	3a. Date of Last Report 04/12/1995
21	race of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-0801804	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28		Trust Fund Contribution	Added to Fees
24	25	Z _I p	Country 30	8. This corporation has liability for in	ntangible tax under s 199.032.
	9. Name and Address of Curren	t Registered Agent	[30]	Florida Statutes Yes 10. Name and Address of New Re	∐ No
SMITH,RICHARD M 17169 ROCKY PINES RD. JUPITER FL 33478			83 84 City	dress (P.O. Box Number is Not Acceptable	85 Zio Code
SIGNATURE _	Signature, typed or printed name of registered agent in OFFICERS AND	and title if applicacio. (NC	OTE: Registered Agent signature require	ration submits this statement for the purp ird of directors. I hereby accept the appoint ad when renstating) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	PD	DELETE	1. 1 TITLE	ADDITIONS CHANGES TO OFFIC	Change Addition
NAME STREET ADDRESS	SMITH, RICHARD M 17169 ROCKY PINES RD.		1.2 NAME		
CITY-ST-ZIP	JUPITER FL		1.3 STREET ADDRESS		
TITLE	D	☐ DELETE	1.4 CITY-S1-7iP		
NAME	SMITH, MABLE C	- Cotten	2 1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS	17169 ROCKY PINES RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		24 CITY-ST-ZIP		
TITLE		DELETE	3. 1 TITLE		Change Addition
NAME Street address			3.2 NAME		
CITY-ST-ZIP			3.3. STREET ADDRESS		
TITLE		DELETE	3.4 C/TY - \$1 - Z/P		
NAME		L. J Decete	4. 1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY-ST-ZIP		ľ
TITLE		☐ DELETE	5. 1 TITLE		Change C Addition
NAME			5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		-
TITLE HAME		☐ DELETE	6. 1 TITLE		Change Addition
TREET ADDRESS			6.2 NAME		•
CITY-ST-ZIP			63 STREET ADDRESS		
A Labarah			6 4 CiTY - ST - ZIP		

I. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PARSIBERTS 4/29/9407-746-754

CR2E034 (12/95)