## 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

101

ncipal Place of Business	Mailing Address
2719 OLEANDER AVE.	2719 OLEANDER AVE.
FT. PIERCE FL 34982-5872	FT. PIERCE FL 34982-5872

3. Date Incorporated or Qualified

3a. Date of Last Report

						09/24/1956	03	/09/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 59-0799958		Applied For Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, €	tc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
7ip	Country	Zip	<b>30</b>	intry		Tionida Ottatoloo	[] No	
4)	9. Name and Address of Cu		1991			10. Name and Address of New R	egistered /	Agent
	9. Name and Address of Co			61	Name			<u>-</u>
NELSON, CRAIG A 2719 OLEANDER AVE		82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)			
-	CE FL 33482			83				
				84	City		FL	85 Zip Code
		0500 - 1507 1500 Florida	Statutes the ab		amed cornora	tion submits this statement for the pu	rpose of cha	anging its registered office

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered off or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am

GNATURE	ignature, typed or printed name of registered agont and title if applicable	(NOTE: Registered Agent signature requ	red when reinstahrig) DATE	C IN 10
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR:	S IN 12
.E	ST DE	LETE 1 1 TITLE	Change	L ADDITION
ME	WILD, CARL E	1.2 NAME		
REET ADDRESS	EDWARDS RD	1.3 STREET ADDRESS		
Y - \$1 - ZIF	FT PIERCE, FL 00000	1.4 CITY - ST - ZIF	F-1 AL.	PTL Addition
1-51-211	VD DE	LETE 2 1 TITLE	Change	Addition
ME	WILD, RAYMOND	2.2 NAME		
REET ADDRESS	EDWARDS RD	2 3 STREET ADDRESS		
	FT PIERCE, FL 00000	2 4 CITY-ST-Z-P		Addition
LE LE	VD DE	LETE 3 1 TITLE	Change	Muulior
ME	KIMMEL, MARGARET	3 2 NAME		
REET ADDRESS	EDWARDS RD	33 STREEL ADDRESS		
IY-ST-ZIP	FT PIERCE, FL 00000	3.4 CITY - ST - ZIF		Addition
LF	VD D	LETE 4. 1 TITLE	Change	☐ Additio
ME	DALLAND, ERNEST K.	4 2 NAME		
REFT ADOPESS	3200 N A1A HWY	4.3 STREET ADDRESS		
	FT PIERCE, FL 00000	4.4 CHY- ST- ZIF		- Addition
TY-ST-ZIP	PD D	ELETE 5. 1 TITLE	Change	Additio
AME	NELSON, CRAIG A	5.2 NAME		
REE LADORESS	2719 OLEANDER AVE	5.3 STREET ADDRESS		
	FT PIERCE, FL 00000	5.4 CITY - ST - ZIP		1400
TY-ST-ZIF TLF	VD D	ELETE 6 1 TITLE	Change	Addition
AME	DALLAND, PHYLLIS R	6.2 NAME		
	3200 N A1A HWY	63 STREET ADDRESS		
TREET ADDRESS		6.4 CITY - ST - ZIP	fy for the exemption stated in Section 119.07(3)(k), Florida Statut	

14. 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 cartify 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 cartify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (12/95)