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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name

SIGNATURE: (

245846

(1)

	42011	SHORES	
LULU	A (IN	CHINDLE	INI/ '

OHLHA	NON ONONEO INO					
Principal Place	of Business	Mailing Address		I PADINA DIQUI GERGUI DIPOT IDIRE DII	ila dali atdii didii eleli didii didii dieli dieli iddi	
9 WEST 9TH STREET P. O. BOX 1379 TULSA OK 74101 US		9 WEST 9TH STREET P. O. BOX 1379 TULSA OK 74101 US		3. Date incorporated or Qualified 03/24/1961	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. Principal Pla	ice of Business	2a, Mailing Address		4. FEI Number	Applied For	
21		26		59-0967759	Not Applicable	
Suite, Apt. #	, etc.	Suite Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		Catal & Chata			Fee Hequired	
23		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζιρ	Country	Z _i p	Country	8. This corporation has liability for		
24	25	29	30		s 🗀 No	
	Name and Address of Current	t Registered Agent		10. Name and Address of New I	Registered Agent	
			81 Name			
	TUCKER		82 Stree	Address (P.O. Box Number is Not Accepta	ble)	
	FULF BLVD.		83			
REDING	TON BCH. FL 33708		03			
			84 Gity		FL 85 Zip Code	
SIGNATURE	Signature: typed or profed name of registered early in OFFICERS ANI		(NKT) Regulated Age it signature 13.		DATE FICERS AND DIRECTORS IN 12	
TITLE	PDST	☐ DELETE	1 1 TITLE		Change Addition	
NAME	MOORE, C. T.		1.2 NAME			
STREET ADDRESS	16700 GULF BLVD		1.3 STREET ADDRESS			
CITY-ST-ZIP	N REDINGTON BCH FL VD	FD DC: FTC	1 4 CITY - S1 - ZIP			
TITLE NAME	CARTWRIGHT, MARY K.	DELETE	2 1 TITLE		Change Addition	
STREET ADDRESS	5309 E PALOMINO RD		2.2 NAME 2.3 STREET ADDRESS			
CITY-ST-ZIP	PHOENIX AZ		2.4 CITY - ST - ZIP			
TITLE	VD	DELETE	3 1 TITLE		Change Addition	
NAME	MOORE, MELISSA A.		3 2 NAME			
STREET ADDRESS	16700 GULF BLVD.		3.3 STREET ADDRESS			
CITY - ST - ZIF	N. REDINGTON BCH FL	· · ·	3 4 CITY - S* - ZiP			
TITLE		DECETE	4 1 111LF		Change Addition	
NAME CARSEA ADORSES			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CHTV - ST - ZIF		DELETE	4.4 C!TY - S! Z.P 5.1 TITLE		Change Addition	
NAME		section	5.2 NAME		☐ cusude ☐ voquitori	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIF			5.4 Gily-St-ZiP			
TITLE		DELFTE	6 1 TITLE		☐ Change ☐ Addition	
NAME			6 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP		····	6.4 CITY - ST - ZIP			
certily that oath; that I	the information indicated on this annu	ial report or supplemental a ration or the receiver or trus	innual report is true and a stee empowered to execu	ality for the exemption stated in Section 119 courate and that my signature shall have the ite this report as required by Chapter 607, F	same legal effect as it made under	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR