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**Secretary of State** 

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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Principal Place	of Business		Mailing A	Address								
JOHN FRANKLIN PAXTON  JOHN FRANKLIN PAXTON												
1400 N W 33RD	) DRIVE CH FL 33069-1102	1400 N.W 33RD DRIVE POMPANO BEACH FL 23069-110					DO NOT WE	RITE IN THIS	SPACE			
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								02/12/196	3			
2. Principal Pl	lace of Business		2a. Maili	ing Address		-		4. FEI Number			Α	pplied For
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Suite, Apt.	#, etċ.		J	e, Apt. #, etc.					Status Desired			Additional
22			27									Required
City & State	e <sub>.</sub>		City	& State				6. Election Can		g 🗆	•	May Be
23		·	28					Trust Fund C		·		to Fees
Zip	Cou	ntry	Zip		Cour	ntry		8. This corpora		ırrent year int	angible □Yes	·□No
24 .	25	-	29	Amont	30			Personal Pro	<del></del>	Registered		
	9, Name and Adi	dress of Current F	registereu	Agent		81 Na	ame`	10, Ivanio and 2	100,000	7.08.0.0.0		
PAXT	TON, MARJORIE C				- [			· · · · · · · · · · · · · · · · · · ·		<u> </u>		·
	N.W. 33RD DR					<b>82</b> St	reet Addre	ess (P.O. Box Num	ber is Not Acce	otable) ·		
	PANO BEACH FL	33069			ŀ	83			100	5 . 2 ( 24 5		197, 42
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		:				84 Ci	ty			FL	85 Zip	Code
44 Pursuant	to the provisions of S	ections 607.0502 a	and 607.15	08. Florida Statu	tes, the ab	ove-na	med corpo	oration submits this	statement for th	e purpose of	changing i	s registered
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

