FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **370599** **(3)**

1. Corporate Name
FIDELITY SERVICE CORPORATION

Principal Place of Business	Mailing Address
1750 E. SUNRISE BLVD. FT LAUDERDALE FL 33304	1750 E. SUNRISE BLVD. FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/01/1970	04/29/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1320420	Not Applicable
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 25	29 30	8. This corporation was originally organized or qualified in Florida Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARVALHO, JEAN 1750 E. SUNRISE BLVD FORT LAUDERDALE FL 33304	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.0502 and 607.1908 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office 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 familiar with and accept the obligations of Section(s) 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	PDC	1. Title	☐ Change ☐ Addition
Name	GRIECO, FRANK V	2. Name	
Street Address	1750 E. SUNRISE BLVD	3. Street Address	
City-St-Zip	FORT LAUDERDALE FL	4. City-St-Zip	
Title	S	5. Title	☐ Change ☐ Addition
Name	CARVALHO, JEAN	6. Name	
Street Address	1750 E. SUNRISE BLVD.	7. Street Address	
City-St-Zip	FORT LAUDERDALE FL	8. City-St-Zip	
Title	T	9. Title	☐ Change ☐ Addition
Name	EANES, JASPER R.	10. Name	
Street Address	1750 E. SUNRISE BLVD	11. Street Address	
City-St-Zip	FORT LAUDERDALE FL	12. City-St-Zip	
Title	VP	13. Title	☐ Change ☐ Addition
Name	CHERVONY, ANNE	14. Name	
Street Address	1750 E. SUNRISE BLVD	15. Street Address	
City-St-Zip	FT. LAUDERDALE FL	16. City-St-Zip	
Title	D	17. Title	☐ Change ☐ Addition
Name	WINNINGHAM, CHARLIE II	18. Name	
Street Address	1750 E. SUNRISE BLVD	19. Street Address	
City-St-Zip	FT. LAUDERDALE FL	20. City-St-Zip	
Title		21. Title	☐ Change ☐ Addition
Name		22. Name	
Street Address		23. Street Address	
City-St-Zip		24. City-St-Zip	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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 added from with an address.

SIGNATURE: Jean Carvalho 5/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

021A07 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

[illegible] 12:15

TALLAHASSEE, FLORIDA

DOCUMENT # 375050 (2)

BLANTON HEAT & AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
5000 SW 64TH AVENUE DAVIE FL 33314 US	5000 SW 64TH AVENUE DAVIE FL 33314 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 01/05/1971

3a. Date of Last Report: 02/03/1994

4. FEI Number: 59-1316068 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation is subject to provisions of Florida Statutes ☐ Yes ☐ No

21	Street Address	26	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	25	Country
29	Zip	30	Country

9. Name and Address of Current Registered Agent

FAULKNER, SAM F.
2515 HARDING ST.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.1007 and 607.1008, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office 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 familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
01 Title	PD	01 Title	☐ Change ☐ Addition
02 Name	FAULKNER, SAM.	02 Name	
03 Street Address	5701 SW 40TH AVE.	03 Street Address	
04 City, St, Zip	FORT LAUDERDALE FL	04 City, St, Zip	
05 Title	STD	05 Title	☐ Change ☐ Addition
06 Name	FAULKNER, CAROL.	06 Name	
07 Street Address	5701 SW 40 AVE.	07 Street Address	
08 City, St, Zip	FORT LAUDERDALE FL	08 City, St, Zip	
09 Title		09 Title	☐ Change ☐ Addition
10 Name		10 Name	
11 Street Address		11 Street Address	
12 City, St, Zip		12 City, St, Zip	
13 Title		13 Title	☐ Change ☐ Addition
14 Name		14 Name	
15 Street Address		15 Street Address	
16 City, St, Zip		16 City, St, Zip	
17 Title		17 Title	☐ Change ☐ Addition
18 Name		18 Name	
19 Street Address		19 Street Address	
20 City, St, Zip		20 City, St, Zip	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City, St, Zip		24 City, St, Zip	

14. I/We hereby certify that the information supplied with this filing is, and shall be maintained, true and accurate and that each individual indicated to serve as a director or officer has consented to serve as a director or officer. 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 added above or on an attachment with an asterisk.

SIGNATURE: Carol Faulkner CAROL FAULKNER 5/1/95 305)321-8836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0222024 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # **376945** **(2)**

1. Corporate Name
SKYVIEW GOLF & COUNTRY CLUB, INC.

APPROVED
FILED
...
...
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2626 DUFF RD LAKELAND FL 33809 US	2626 DUFF RD LAKELAND FL 33809 US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **02/11/1971**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or Bldg. — 22
Suite, Apt. # or Bldg. — 27
City & State — 23
City & State — 28
24 25 29 30

4. FEI Number: **59-1317719** — Applied For / Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. Did corporation file (or is it required to file) Florida tax return? Form(s) Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

PETERSON, ELAINE
561 WORCHESTER CT
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1622 (2) or 617.1622 (2), Florida Statutes, this domestic corporation submits this statement for the purpose of changing its registered office 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 (and am familiar with and accept the obligations of section 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	PS
Name	SOCIA, CLARENCE J.
Address	105 HEATHER POINT
City, St, Zip	LAKELAND FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

Title		[ ] Change [ ] Addition
Name		
Address		
City, St, Zip		
Title		[ ] Change [ ] Addition
Name		
Address		
City, St, Zip		
Title		[ ] Change [ ] Addition
Name		
Address		
City, St, Zip		
Title		[ ] Change [ ] Addition
Name		
Address		
City, St, Zip		
Title		[ ] Change [ ] Addition
Name		
Address		
City, St, Zip		
Title		[ ] Change [ ] Addition
Name		
Address		
City, St, Zip		

14. I/We hereby certify that the information supplied with this filing is truthfully furnished and 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 above or on an attachment with an address.

SIGNATURE: Clarence J. Socia — 5/20/95 — 813-853-7393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
CLARENCE J. SOCIA

0313431 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 377949 (3)

1. Current Name

D.R. MEAD & COMPANY

Principal Address

1900 BISCAYNE BLVD
MIAMI FL 33132

Mailing Address

1900 BISCAYNE BLVD
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date first organized or qualified: 02/26/1971

3a. Date of Last Report: 05/01/1994

2. FEI Number (If Known) 21

2a. Mailing Address 26

4. FEI Number: 59-1387066 ☐ Applied For ☐ Not Applicable

Suite, Apt. # or PO 22

Suite, Apt. # or PO 27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State 23

City & State 28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

ZIP 24 | County 25

ZIP 29 | County 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MEAD JR, RICHARD D.
1900 BISCAYNE BLVD.
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office 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 familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: (If changing Registered Agent, Registered Agent must sign) (If not changing Registered Agent, signature of an officer or director required) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title	PD	☐ Change ☐ Addition
Name	MEAD, D. R	D R MEAD JR
Street Address	1900 BISCAYNE BLVD	
City-State-Zip	MIAMI FL	33132
Title	DS	☐ Change ☐ Addition
Name	HAMILL, CATHERINE MEAD	
Street Address	1900 BISCAYNE RD	
City-State-Zip	MIAMI FL	33132
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		

14. I declare that I have examined the information supplied with this filing, and that to the best of my knowledge it is true and complete. I am aware that false information submitted in a document to the Department of State for the purpose of obtaining or maintaining registration as a registered agent is a felony of the third degree punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 1 or Block 12 if changed, or added or deleted in Block 13.

SIGNATURE: D. Richard Mead 5/17/95 576-0104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0132029 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY 25 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **384693** **(8)**

1. Current Name
VENTO OIL COMPANY

Principal Place of Business	Mailing Address
2004 DURHAM ST BOX 5238 TAMPA FL 33602-3601	2004 DURHAM ST BOX 5238 TAMPA FL 33602-3601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/29/1971**
3a. Date of Last Report: **05/01/1994**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. # or Rt.	27	Suite, Apt. # or Rt.
23	City & State	28	City & State
24	Zip	25	Country
29	Zip	30	Country

4. FEI Number: **59-1358747** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has actually conducted or intends to conduct business in Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ANTHONY VENTO 2004 DURHAM TAMPA FL 33605	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office 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 familiar with and accept the obligations of Section 607.0505, Florida Statutes.

(If NOT, IN)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
	TS		☐ Change ☐ Addition
NAME	GARCIA, AL	NAME	
STREET ADDRESS	804 S. BRYAN RD.	STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	CITY-ST-ZIP	
	PD		☐ Change ☐ Addition
NAME	VENTO, ANTHONY	NAME	
STREET ADDRESS	7815 N 53RD ST	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 0	CITY-ST-ZIP	
	VD		☐ Change ☐ Addition
NAME	CAPITANO, JOSEPH	NAME	
STREET ADDRESS	2117 ERNA DR.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
			☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
			☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
			☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is accurately furnished and 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 above, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

000518 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
[illegible] 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **385869** **(3)**

1. Corporation Name
BEST LINE OIL CO., INC.

Principal Place of Business	Mailing Address
2004 DURHAM STREET PO BOX 5238 TAMPA FL 33605	2004 DURHAM STREET PO BOX 5238 TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **07/23/1971**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1361493** — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAPITANO, JOSEPH 2004 DURHAM STREET TAMPA FL 33605	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 office 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 familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ (Registered Agent signature) ______ Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CAPITANO, JOSEPH	12 NAME	
STREET ADDRESS	2004 DURHAM ST.	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	GARCIA, ALFONSO	22 NAME	
STREET ADDRESS	2004 DURHAM ST.	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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.

SIGNATURE: ✓ [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0281183 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Secretary of State

95 MAY 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **388779** **(1)**

1. Corporation Name

PRECISION MACHINE PRODUCTS, INC.

Principal Place of Business	Mailing Address
7775 ELLIS ROAD 2660 VERMONT ST. MELBOURNE FL 32904 US	7775 ELLIS ROAD MELBOURNE FL 32904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1971	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1375311	Applied For / Not Applicable
5. Certificate of Status Desired [ ]	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HUNT, MICHAEL L
2660 VERMONT STR
W MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	VST
NAME	HUNT, BIRGITT V.
STREET ADDRESS	2660 VERMONT STR
CITY-ST-ZIP	W. MELBOURNE FL
TITLE	PD
NAME	HUNT, MICHAEL L
STREET ADDRESS	2660 VERMONT STR
CITY-ST-ZIP	W MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

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 [illegible], 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.

SIGNATURE: [signature] Birgitt Hunt 5/12/95 724-2370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0087479 CP