FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 08 1997 8:00am

Secretary of State

Change Addition

1997

TITLE

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # 501101

(0)

GOLI Principal I		` '	NY Mailing Address P CANNON ROYAL DR EY WEST FL 33040-7805								
US						3. Date Incorporated or Qualific 04/13/1976		a. Date o		eporl	"]
	al Place of Business	2a, Mailing Address				4. FEI Number	l	O I/OO/	Ap	plied For	1
21 Suite	Apt. #, etc.	Suite, Apt. #, etc.				59-1659055				ot Applicable Additional	-
22		27				5. Certificate of Status Desired		φ	Fee Re		
City & 23	Stale	City & State				6. Election Campaign Financing Trust Fund Contribution			5.00 Added t	May Be	1
Zip	Country					8. This corporation has liability f					-
24	25	29	30			Florida Statutes	X Ye	s 🔲 N	0		
9, Name and Address of Current Registered Agent					Name	10. Name and Address of New	Registe	red Agei	<u>1t</u>		
	HENDRICK, JAMES T.		Ľ	81	Name						
	817 WHITEHEAD ST. KEY WEST FL 33040			82 Street Ad		ess (P.O. Box Number is Not Accep	table)				
•	CI WEST IE 60040		<u> </u>	в3							7
				В4	City			8	Zip (Code	-
44 0.00	and to the provision of Coalings COT OF	00 000 007 1500 51-130 61-14	10000			and for a United this at Assess to the		FL	1		-
office agent	ant to the provisions of Sections 607.05 or registered agent, or both, in the Stat . I am familiar with, and accept the obli	to of Florida. Such change was a gations of, Section 607,0505, Flo	es, me ab authorized orida Statu	by tes	the corporat	ion's board of directors. I hereby ac	e purpo cept the	appointr	nging it nent as	s registered registered	
SIGNATU	RE Signature, typed or printed name of registered a	gent and titlu if applicable (NO?	L Registered	Ager	nt signature regulr	ed when reinstating)	D	ATE			
12.		ND DIRECTORS	13.	13.		ADDITIONS/CHANGES TO OF	FICERS	AND DIF	ECTOR	S IN 12	7
TITLE	PTDS	DELETE	1.1 1111	E					Change	Addition	
NAME	SALINERO, FREDERICK A.		1.2 NAN	,							
STREET ADDR	79 CANNON ROYAL DR KEY WEST FL				ADDRESS						ij
CITY-ST-ZIP	NCI WEST FL			1.4 CITY - ST - ZIP 2.1 TITLE				П	Change	Addition	48
NAME		CJ becci.	22 NAN		1				onungo	E3 Monitor	
STREET ADOR	ess)	i.			AUDRESS						1
CITY-ST-ZIP			2. 4 CIT	Y - S1	1-2IP						
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NAME	ì		3.2 NAN	ME	Ì						Ì
STREET ADOR	ESS				ADDRESS						ļ
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NAME		- 1			1			ں	Silariyo	ועווייטטיי נים	1
STREET ADDR	ESS		4. 2 NA 4.3 SìR		ADDRESS						
CITY-ST-ZIP)		4.4 City		1						
TITLE		☐ DELETE	5.1 14TL			· · · · · · · · · · · · · · · · · · ·			Change	Addition	7
NAME			5.2 NAN	ИE							
STREET ADOR	ESS		5.3 STR	REET A	ADDRESS						
	1				1						

14. I do 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, 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 12 or Block 12 or on an attachine of with an address.

SIGNATURE:

TABLE

**

6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS

DELETE