FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	DIVISION OF CORPORATIONS				
505966	(2)				
	·				
Mailing Address					
2610 ORANGE AVENUE P O BOX 1868 FT. PIERCE FL 34954					
	Mai	Mailing Address 2610 ORANGE AVENUE P O BOX 1868			

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2a. Mailing Address



3. Date incorporated or Qualified 06/21/1976

59-1677632

4. FEI Number

3a. Date of Last Report

04/21/1995

Applied For

Not Applicable

!	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	LJ Adde	O May Be d to Fees
	Country 25	Zip 29	30 Cou	ntry	8. This corporation has liability for in Florida Statutes Yes		199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agent	
		***************************************		81 Name			
OCTTI E	, PAUL D			82 Street Addr	ess (P.O. Box Number is Not Acceptable	e)	
	RANGE AVENUE			Bileet Augu	635 (r 6 Box 114, 1156) 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	RCE FL 34954			83			
ri, rice	NUE FE 34834					 85 Zi	p Code
			!	84 City		FL S	5 Code
or registere familiar with IGNATURE	o the provisions of Sections 607.050 chagent, or both, in the State of Flor th, and accept the obligations of, Sec Segnature typed or partiet harms of registered again.	ida Such change was auth ition 607.0505, Florida Stati	iorized by the cutes.	vernamed corpor corporation's boar	ation submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing its in pintment as registered	agent. I am
		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFE	CERS AND DIRECTO	ORS IN 12
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	FT. PIERCE FL			TY-ST-ZIP			
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REEL ADDRESS	2610 ORANGE AVENUE		3.3 5	TREET ADDRESS			
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TREET ADORESS	2610 ORANGE AVE.		435	TREET ADDRESS			
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SSIC TREET ADDRESS				TREET ADDRESS			
				HTY-ST-ZIP			
11 - \$1 - 712 II.J.E		DELETE		IITLE		☐ Change	☐ Addition
				IAME			
AME	1			STREET ADDRESS			
STREET ADDRESS				CITY - ST - ZIP			
11 Y - ST - 71F	1		D 4 1	/111-31-21F	for the exemption stated in Section 119		

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 Bl EXXEST E. STILE 3/11/96 407-464-3911

NAME OF SIGNING OFFICER OF DIRECTOR