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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUM 1. Corporation I			(1) .a.							
Principal Place of Business Mailing Address								III III OIFU I		
3003 CARDINAL DRIVE SUITE A VERO BEACH FL 32963			3003 CARDINAL DRIVE SUITE A VERO BEACH FL 32963							
							3. Date Incorporated or Qualified 12/21/1976	1 -	of Last Re <b>03/07/19</b>	· .
2. Principal Place of Business			Mailing Address				4. FEI Number Applied For S9-1734753 Not Applied be			
1 Suite, Apt. #, etc.		26	Suite, Apt. #, etc							Additional
2							5. Certificate of Status Desired		Fee F	Required
City & State			City & State				Election Campaign Financing     Trust Fund Contribution			May Be I to Fees
Ζφ	Country		Zip	Cou	ntry		8. This corporation has liability for	intang ble ta I No	ax under s	199.032,
24	9 Name and Address of Curren	29 t Begis	stored Agent	30			Florida Statutes Yes  10. Name and Address of New I		Agent	
	g, Name and Address of Correct	rregis	tered Agent		81	Name	10.			
MCCORMACK, WILLIAM J. 3003 CARDINAL DRIVE. VERO BEACH FL 32963					82	Street Add	et Address (P.O. Box Number is Not Acceptable)			
					83					
				84 (				FL	<b>85</b> Zq	o Code
familiar with SIGNATURE	h, and accept the obligations of, Sect Synature typed or o'r hell name of register agent OFFICERS AN	ion 607. antiticir	.0505, Florida Statules	<b>5</b> .	Ајн		and of directors. Thoreby accept the application of	FICERS ANI		
TITLE NAME	MCCORMACK, WILLIAM J.			12 N					<b>L_1</b> - 1- 91	
STREET ADDRESS	3003 CARDINAL DRIVE			135	IREF I	ADDRESS				
C-TY-ST-Z-P	VERO BEACH FL					ST-ZIP				
TITLE	SD	☐ DELETE		2 1 1111.8				☐ Change	Addition	
NAME	MCCORMACK, JOANNE R. 3003 CARDINAL DRIVE				2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS CITY+ST-ZIP	VERO BEACH FL					ST - 7 P				
TILLE	72110 021101177		☐ DELETE	3 1 1					☐ Change	☐ Addition
NAME				32 N	4ME					
STREET ADDRESS				i i		1 ADORESS				
CI!!Y - \$1 - 7IP			FTI DELETE			ST-ZIP			Change	Addition
TITLE			☐ DELETE	4 1 1			•		Change	CT Addition
NAME				4.2 N		r 465 0767	g *			,
STREET ADDRESS						T ADDRESS				
CITY-ST-ZIP			[7] DELETE	5.11		S1 - Z F1			[ ] Change	Addition
TITLE NAME				52 N						_
STREET ADDRESS						1 ADDRESS				
C-1Y-ST-Z-P						ST-ZIP				
TITLE			☐ DELETE	6.1					Change	☐ Addition
NAME					AME					
STREET ADDRESS				639	14EE	LADIDRESS				
CITY - ST - ZIP						ST - ZiP				
44 Ldo borob	w certify that the information supplied	with the	s filing is voluntarily fur	nished and	doe	es not qualify	of for the exemption stated in Section 11	9.07(3)(k), F	iorida Statu	tes. I further

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)(k). Forida 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 FIFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)