COR ANNU	PROFIT RPORATION JAL REPORT		FLORIDA DEPART Katherin Secretary	MENT OF STATE • Harris of State	Apr 29, Secret	ILED 1999 8: ary of St 990233 050 ***1	
DOCU	1999 MENT # 69621	13	DIVISION OF CO	CRPORATIONS			
I. Corporation	n Name						
			× ×				
rincipal Place	e of Business	Mai	iling Address	,	\$\$\$128 01410 10110 0110 11301 13	IONE (ILS DID): ULAIL DIDIE DID	II ULUIT DIBIL IBUL
119 SE HARBOR VIEW DR 619 SE HARBOR VIEW DR PORT ST. LUCIE FL 34983-2703 PORT ST. LUCIE FL 34983-27 US US				703	DO NOT WR	ITE IN THIS SPACE	
3		05			3. Date Incorporated or Qualifed 07/27/1981		
Principal P	lace of Business	2a.	Mailing Address	<u> </u>	4. FEI Number		Applied For
]	·	26			59-2115536		Not Applicable Additional
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.		5. Certifcate of Status Desired		Required
City & State	e		City & State		6. Election Campaign Financing Trust Fund Contribution		D May Be d to Fees
Zip	Country		Zip	Country	8. This corporation owes the cur	rent year Intangible	□No
·[25 9. Name and Address of Cu	[29] urrent Regist		<u>30 j</u>	Personal Property Tax. 10. Name and Address of New I		
		<u></u>		81 Name .			
)k, donald L. Vp Se harbor view dr			82 Street Add	Iress (P.O. Box Number is Not Accept	able)	
				83			
	IT ST. LUCIE FL 34983			83		85 7	
POR	IT ST. LUCIE FL 34983	state of Florida	a iSuch change was au	84 City	poration submits this statement for the ion's board of directors. I hereby acce	FL	p Code its registered registered
POR 1. Pursuant office or ra agent. I and IGNATURE 2.	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o Signature, hyped or printed name of register OFFICER	State of Florida	a. Such change was au Section 607.0505, Flori applicable. (NOTE: CTORS	84 City s, the above-named con thorized by the corporat da Statutes. Registered Agent signature require 13.		FL purpose of changing pt the appointment as DATE FICERS AND DIREC	ts registered registered
POR 1. Pursuant office or n agent. I al SIGNATURE 2. TLE	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o Signature, typed or printed name of register OFFICER	State of Florida obligations of, ed agent and title if	a. Such change was au Section 607.0505, Flori applicable. (NOTE:	84 City s, the above-named corr thorized by the corporat da Statutes. Registered Agent signature requir 13. 1.1 TITLE	red when reinstating)	FL purpose of changing pt the appointment as DATE	its registered registered
POR 1. Pursuant office or r agent. I al BIGNATURE 2. ILE AME	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o Signature, typed or printed name of register OFFICER PSD COOK, NICOLE	state of Florida obligations of, ed agent and title if	a. Such change was au Section 607.0505, Flori applicable. (NOTE: CTORS	84 City s, the above-named con thorized by the corporat da Statutes. Registered Agent signature require 13.	red when reinstating)	FL purpose of changing pt the appointment as DATE FICERS AND DIREC	its registered registered
POR 1. Pursuant office or r agent. I a IGNATURE 2. TLE WIE REET ADDRESS	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o Signature, typed or printed name of register OFFICER PSD COOK, NICOLE	state of Florida obligations of, ed agent and title if	a. Such change was au Section 607.0505, Flori applicable. (NOTE: CTORS	84 City s, the above-named corr thorized by the corporat da Statutes. 13. 1.1 TITLE 1.2 NAME	red when reinstating)	FL e purpose of changing pt the appointment as DATE FICERS AND DIREC Chang	its registered registered TORS IN 12 e Addition
POR 1. Pursuant office or m agent. I and IGNATURE 2. TLE WE IREET ADDRESS TY-ST-ZIP TLE	to the provisions of Sections 607 egistered agent, or both, in the S im familiar with, and accept the o Signeture, typed or printed name of register OFFICER PSD COOK, NICOLE 619 HARBOR VIEW DRIVE PORT ST. LUCIE FL VP	state of Florida obligations of, ed agent and title if	a. Such change was au Section 607.0505, Flori applicable. (NOTE: CTORS	84 City s, the above-named conthorized by the corporated a Statutes. 13. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	red when reinstating)	FL purpose of changing pt the appointment as DATE FICERS AND DIREC	its registered registered TORS IN 12 e Addition
POR 1. Pursuant office or m agent. I at IGNATURE 2. ILE ILE ILE ILE ILE ILE ILE ILE	to the provisions of Sections 607 egistered agent, or both, in the S im familiar with, and accept the o Signeture, hyped or printed name of register OFFICER PSD COOK, NICOLE 619 HARBOR VIEW DRIVE PORT ST. LUCIE FL VP COOK, DONALD	state of Florida obligations of, ad agent and title if S AND DIRE(a. Such change was au Section 607.0505, Flori applicable. (NOTE: CTORS	84 City s, the above-named control thorized by the corporated by the corporated astronomy of the corporastronomy of the corporastronomy of the corporated astrono	red when reinstating)	FL e purpose of changing pt the appointment as DATE FICERS AND DIREC Chang	ts registered registered TORS IN 12 e Additio
POR 1. Pursuant office or m agent. I al IGNATURE 2. ILE WE REET ADDRESS REET ADDRESS	to the provisions of Sections 607 egistered agent, or both, in the S im familiar with, and accept the o Signeture, typed or printed name of register OFFICER PSD COOK, NICOLE 619 HARBOR VIEW DRIVE PORT ST. LUCIE FL VP	state of Florida obligations of, ad agent and title if S AND DIRE(a. Such change was au Section 607.0505, Flori applicable. (NOTE: CTORS DELETE	84 City s, the above-named conthorized by the corporated a Statutes. Registered Agent signature required in the signature of the signated of the signated of the signated of the signated of the	red when reinstating)	FL	its registered registered TORS IN 12 e Addition
POR I. Pursuant office or m agent. I al IGNATURE 2. IE ME REET ADDRESS IY-ST-ZIP ME REET ADDRESS IY-ST-ZIP LE	to the provisions of Sections 607 egistered agent, or both, in the S im familiar with, and accept the o Signeture, typed or printed name of register OFFICER PSD COOK, NICOLE 619 HARBOR VIEW DRIVE PORT ST. LUCIE FL VP COOK, DONALD 619 HARBOR VIEW DRIVE	state of Florida obligations of, ad agent and title if S AND DIRE(a. Such change was au Section 607.0505, Flori applicable. (NOTE: CTORS	84 City s, the above-named control Control thorized by the corporated a Statutes. Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	red when reinstating)	FL e purpose of changing pt the appointment as DATE FICERS AND DIREC Chang	its registered registered TORS IN 12 e Additio
POR I. Pursuant office or m agent. I a IGNATURE 2. IE ME REET ADDRESS IY-ST-ZIP IE ME REET ADDRESS IY-ST-ZIP IE ME	to the provisions of Sections 607 egistered agent, or both, in the S im familiar with, and accept the o Signeture, typed or printed name of register OFFICER PSD COOK, NICOLE 619 HARBOR VIEW DRIVE PORT ST. LUCIE FL VP COOK, DONALD 619 HARBOR VIEW DRIVE	state of Florida obligations of, ad agent and title if S AND DIRE(a. Such change was au Section 607.0505, Flori applicable. (NOTE: CTORS DELETE	84 City s, the above-named control thorized by the corporated a Statutes. Registered Agent signature require 13. 1.1 11.1 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	red when reinstating)	FL	its registered registered TORS IN 12 e Additio
POR 1. Pursuant office or m agent. I al IGNATURE 2. 1.E ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS	to the provisions of Sections 607 egistered agent, or both, in the S im familiar with, and accept the o Signeture, typed or printed name of register OFFICER PSD COOK, NICOLE 619 HARBOR VIEW DRIVE PORT ST. LUCIE FL VP COOK, DONALD 619 HARBOR VIEW DRIVE	state of Florida obligations of, ad agent and title if S AND DIRE(a. Such change was au Section 607.0505, Flori applicable. (NOTE: CTORS DELETE	84 City s, the above-named control Control thorized by the corporated a Statutes. Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	red when reinstating)	FL	e Additio
POR 1. Pursuant office or m agent. I a IGNATURE 2. TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP	to the provisions of Sections 607 egistered agent, or both, in the S im familiar with, and accept the o Signeture, typed or printed name of register OFFICER PSD COOK, NICOLE 619 HARBOR VIEW DRIVE PORT ST. LUCIE FL VP COOK, DONALD 619 HARBOR VIEW DRIVE	state of Florida obligations of, ad agent and title if S AND DIRE(a. Such change was au Section 607.0505, Flori applicable. (NOTE: CTORS DELETE	84 City s, the above-named corrorated corrorated as the co	red when reinstating)	FL	e
POR	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o Signature, typed or printed name of register OFFICER PSD COOK, NICOLE 619 HARBOR VIEW DRIVE PORT ST. LUCIE FL VP COOK, DONALD 619 HARBOR VIEW DRIVE PORT ST. LUCIE FL	state of Florida obligations of, ad agent and title if S AND DIRE(a. Such change was au Section 607.0505, Flori applicable. (NOTE: CTORS DELETE	84 City s, the above-named corporation thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	red when reinstating)	FL	e Additio
POR PUTSUANT office or m agent. I al GNATURE 2. LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o Signature, typed or printed name of register OFFICER PSD COOK, NICOLE 619 HARBOR VIEW DRIVE PORT ST. LUCIE FL VP COOK, DONALD 619 HARBOR VIEW DRIVE PORT ST. LUCIE FL	state of Florida obligations of, ad agent and title if S AND DIRE(a. Such change was au Section 607.0505, Flori applicable. (NOTE: CTORS DELETE	84 City s, the above-named corporation thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 ITILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 ITILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 ITILE 4.2 NAME 4.3 STREET ADDRESS	red when reinstating)	FL	e Additio
POR	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o Signature, typed or printed name of register OFFICER PSD COOK, NICOLE 619 HARBOR VIEW DRIVE PORT ST. LUCIE FL VP COOK, DONALD 619 HARBOR VIEW DRIVE PORT ST. LUCIE FL	state of Florida obligations of, ad agent and title if S AND DIRE(a. Such change was au Section 607.0505, Flori applicable. (NOTE: CTORS DELETE	84 City s, the above-named corporation thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	red when reinstating)	FL	its registered registered FORS IN 12 e Additio e Additio
POR	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o Signature, typed or printed name of register OFFICER PSD COOK, NICOLE 619 HARBOR VIEW DRIVE PORT ST. LUCIE FL VP COOK, DONALD 619 HARBOR VIEW DRIVE PORT ST. LUCIE FL	state of Florida obligations of, ad agent and title if S AND DIRE(a. Such change was au Section 607.0505, Flori applicable. (NOTE: CTORS DELETE	84 City s, the above-named corporation thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 ITILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 ITILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 ITILE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 ITILE 5.2 NAME	red when reinstating)	FL	its registered registered FORS IN 12 e Additio e Additio
POR	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o Signature, typed or printed name of register OFFICER PSD COOK, NICOLE 619 HARBOR VIEW DRIVE PORT ST. LUCIE FL VP COOK, DONALD 619 HARBOR VIEW DRIVE PORT ST. LUCIE FL	state of Florida obligations of, ad agent and title if S AND DIRE(a. Such change was au Section 607.0505, Flori applicable. (NOTE: CTORS DELETE	84 City s, the above-named corporated a statutes. Registered Agent signature required 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 ITILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 ITILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 ITILE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 ITILE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 ITILE 5.2 NAME 5.3 STREET ADDRESS	red when reinstating)	FL	e Addition
POR 1. Pursuant office or r agent. I ai IGNATURE 2. ILE WE REET ADDRESS TY-ST-ZIP TLE	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o Signature, typed or printed name of register OFFICER PSD COOK, NICOLE 619 HARBOR VIEW DRIVE PORT ST. LUCIE FL VP COOK, DONALD 619 HARBOR VIEW DRIVE PORT ST. LUCIE FL	state of Florida obligations of, ad agent and title if S AND DIRE(a. Such change was au Section 607.0505, Flori applicable. (NOTE: CTORS DELETE	84 City s, the above-named corporation thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 ITILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 ITILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 ITILE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 ITILE 5.2 NAME	red when reinstating)	FL	e Addition
POR 1. Pursuant office or r agent. I ai SIGNATURE 2. TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o Signature, typed or printed name of register OFFICER PSD COOK, NICOLE 619 HARBOR VIEW DRIVE PORT ST. LUCIE FL VP COOK, DONALD 619 HARBOR VIEW DRIVE PORT ST. LUCIE FL	state of Florida obligations of, ad agent and title if S AND DIRE(a. Such change was au Section 607.0505, Flori applicable. (NOTE: CTORS DELETE DELETE	84 City s, the above-named corporation thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 ITILE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 ITILE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 ITILE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 ITILE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	red when reinstating)	FL	e Addition
POR	to the provisions of Sections 607 egistered agent, or both, in the S im familiar with, and accept the o Signature, typed or printed name of register OFFICER PSD COOK, NICOLE 619 HARBOR VIEW DRIVE PORT ST. LUCIE FL VP COOK, DONALD 619 HARBOR VIEW ORIVE PORT ST. LUCIE FL	state of Florida obligations of, ad agent and title if S AND DIRE(a. Such change was au Section 607.0505, Flori applicable. (NOTE: CTORS DELETE DELETE	84 City s, the above-named corporated a Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	red when reinstating)	FL	e Addition

27 APR 1999

561 878 /655 Daytime Phone #