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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 726946

(7)

sorporation Harrie

WATERWAY W	est, II	۹C٠
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Principal Place of Business

Mailing Address

315 N. CAUSEWAY NEW SMYRNA BEACH FL 32169 315 N. CAUSEWAY NEW SMYRNA BEACH FL 32169



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			7.11-4		3. Date incorporated or Qualified 07/13/1973	3a. Date of Las 03/16/	t Report 1995
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number 59-1578126		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				60.7	Not Applicable
22 27				5. Certificate of Status Desired		5 Additional Required	
City & Stat	te	City & State			6. Election Campaign Financing	<b>\$5.0</b>	00 May Be
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	L Cou	ntry	8. This corporation has liability for in	tangible tax under s	s. 199.032,
24	25	]29]	30			Yes No	
	9. Name and Address of Curren	t Hegistered Agent		<u> </u>	10. Name and Address of New Re	gistered Agent	
	a armar			81 Name			
DRNEST BUZBY		İ	82 Street Address (P.O. Box Number is Not Acceptable)				
	CAUSEWAY A-202		l.			•	
NEW S	MYRNA BEACH FL 32169			83			
			•	84 City		(a-1 a	
				- 1		FLIT	ip Code
or regione	to the provisions of Sections 617.0502 ared agent, or both, in the State of Florid ith, and accept the obligations of, Section to the provisions of the section of the section to the provisions of the section of the section to the provisions of the section of the section to the section of the section of the section of the section to the section of the section of the section of the section to the section of the section of the section of the section to the section of the section of the section to the section of the section of the section to the section	ia. Guchi chande was adiilion	IZHO DV DREGO	ve-named co orporation's	rporation submits this statement for the purposed of directors. I hereby accept the appoint	ose of changing its ntment as registered	registered office d agent. I am
SIGNATURE	Signature typed or printed name of registered agent a	and title if applicable. (N	VOTE: Repistered	Agent signature re	equired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE	PD	DELETE	1.1 TIT	LE	1/00	<b>—</b> 0:	Addition
NAME	BUZBY, ERNEST	_	1.2 NA	- "	Moss Doloh F		E Modition
A.D							
STREET ADORESS	315 N CAUSEWAY A-202				215 N. Carseway	301	
STREET ADORESS	315 N CAUSEWAY A-202 NEW SMYRNA BCH EL 0000	ın	1.3 ST	REET ADDRESS	315 N. Carseway to	301 171	
COLY-ST-ZIP	NEW SMYRNA BCH, FL 0000		1.3 STF 1.4 CIT	REET ADORESS Y-ST-ZIP	New Smyrna Bah.	301 Fl	Tables.
CHY-SI-ZIP TILE	NEW SMYRNA BCH, FL 0000 VPD	OELETE	1.3 STF 1.4 CIT 2 1 TIT	REET ADORESS Y-ST-ZIP LE	Moss, Ralph F. 315 N. Earseway E. New Smyrna Bach,	30 (  -  	Addition
CHY-ST-ZIP THE NAME	NEW SMYRNA BCH, FL 0000 VPD YOUNG, JOHN		1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI	REET ADORESS Y-ST-ZIP LE ME	New Smyrna Br.h.	301 □Change	☐ Addition
CITY-ST-ZIP THLE NAME STREET ADDRESS	NEW SMYRNA BCH, FL 0000 VPD YOUNG, JOHN 315 N CAUSEWAY E 102		1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI	REET ADORESS Y-ST-ZIP LE	New Smyrna Br.h.	30 ( Change	Addition
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96

428-3021