FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1	9	9	6

Principal Place 694 14TH S PO BOX 210 VERO BCH	T 02	Mailing Address 694 14TH ST PO BOX 2102 VERO BCH FL 32980		3. Date Incorporated or Qualified		of Last Report
				01/30/1974	03	3/02/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-1539957		Not Applicable
22		27		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	0	City & State	VP4.	6. Election Campaign Financing		\$5.00 May Be
23 •		28		Trust Fund Contribution		Added to Fees
Zip 24 .	Country 25	Zip 29	Country	8. This corporation has liability for		
· ·	9. Name and Address of Curren		30	Florida Statutes 10. Name and Address of New	Yes No	
1			81 Name		<u>-</u>	P()L
ODIORN	ie, raymond J.		82 Street	Crawford A. Blace Address (P.O. Box Number is Not Accepta		
	A HUNT DRIVE		oz Street	166 Ocean Way	iD(e)	
VERO B	EACH FL 32963		83			
•			84 City			Tio Codo
44 5			5 , 5,	Vero Beach		32963
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11. Pursuant t or register	to the provisions of Sections 617,7502 red agent, or both, in the State of Florid	and 617,1508, Florida Statu da. Such chan e was authori	es, the above named co	proporation submits this statement for the publicand of directors. I hereby accept the and	urpose of changi	ng its registered office
	to the provisions of Sections 617 (202) ed agent, or both, in the State of Floric th, and accept the obligations of, Secti	and 617.1508, Florida Statut da. Such chande was authori ion 617.0507, Florida Statute	es, the above named or a) by the corporation's	orporation submits this statement for the puboard of directors. I hereby accept the app	urpose of changi pointment as reg	
SIGNATURE _	M	awked &	Mar	h	urpose of changi pointment as reg	ng its registered office istered agent. I am 1/96
SIGNATURE _	to the provisions of Sections 617, 1922 ed agent, or both, in the State of Floric th, and accept the obligations of Sections of Section 1997. Signalure, typed or printed name of registered agent. OFFICERS AND	and title if applicable.	es, the above named or the by the coporation's of the Body and Bod	equired when reinstating)	urpose of changi pointment as reg 2 /	1/96
SIGNATURE _	Signalitine, typlod or printed name of registered agent. OFFICERS AND	and title if applicable.	DTE: Registered Agent signature in	ADDITIONS/CHANGES TO OF	urpose of changi pointment as reg 2 / DATE FICERS AND DIF	1/96
SIGNATURE _ 12. TIME	Signature, typed or printed name of registered agent. OFFICERS AND PD ODIORNE, RAYMOND J	and title if a phicable. DIRECTORS	DTE: Registered Agent algorature r	ADDITIONS/CHANGES TO OF President D	prose of changi cointment as reg 2 / DATE FICERS AND DIF	1/96 RECTORS IN 12
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SIGNATURE: BIGNATURE AND TYPED OR PRINTER AME OF SIGNING OFFICER OR DIRECTOR 2/1/96 407-569-0760