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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

Principal Place of Business Mailing Address									
1036 S COLL MARCO ISLA		PO BOX 363 MARCO ISLAND FL 33969 US							
					3. Date Incorporated of 06/28/1977	or Qualified	3a. Date o	of Last <b>/20/1</b>	
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 59-1901000	<b>)</b>			Applied For
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.							Not Applicable Additional
22		27			5. Certificate of Status	Desired	_ \ \		Required
City & State	9	Orty & State			6. Election Campaign				D May Be
<b>23</b>	Country	<b>28</b>   Zip	Country		Trust Fund Contribu	<del></del>			to Fees
24	25	29	30		This corporation has     Florida Statutes		itangible tax ui ] Yes <b>⊠</b> -No		199.032,
	9. Name and Address of Cur	rent Registered Agent			10. Name and Addres				
			81	Name					· · · · · · · · · · · · · · · · · · ·
JACOB, MARCEL			82	Street Addi	ress (P.O. Box Number is N	ot Acceptable	9)		
	COLLIER BLVD.						·		
MARCO	ISLAND FL 33937		63						
			84	City			FL 8	<b>5</b> Zip	Code
11. Pursuant t	to the provisions of Sections 617.0	502 and 617.1508, Florida Statul	tes, the above	l named corpor	ration submits this statemen	It for the ourn	ose of changi	oo its re	nistered office
or registere familiar wit	ed agent, or both, in the State of F th, and accept the obligations of, S	lorida. Sich change was authori,	zed by the com	oration's boar	rd of directors. I hereby acc	ept the appoi	ntment as reg	istered	agent. I am
			J.	1					
SIGNATURE	IMI MADE	Landel 1	MODRA	<i>91 '</i>   2	1/2/4		/-/5		
	Signature, youd or printed name of registered		OTE: Registered Ager	nt signature require	4 CD B d whien reinstating:		2-/3 DATE		70
12.	OFFICERS	gent and title if applicable (Ni AND DIRECTORS	13.	t signature require	4 COB d when reinstatings ADDITIONS/CHANC	SES TO OFFIC	DATE		RS IN 12
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contry that the information indicated on this armular peport 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 AND TYPED OR PRINTED NAME OF BROWNING OFFICER OR DIRECTOR

C. A. Rice 2 2-15-96 Parling Printed Prin

SIGNATURE: