FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 76750

1. Corporation	MENT Name ORD MISS	# 76750 SION, INC.	14	(4)				1 188117 18818 BIIII 1882 BIIII	191 8 181 81811	ŽIČII ČIČII DID	1 818 11 81811 1881	
Principal Place of Business * JEANNE ADAMS 8353 SE SANDY LANE HOBE SOUND FL 33455			9	Mailing Address % JEANNE ADAMS 8353 SE SANDY LANE HOBE SOUND FL 33455								
			·	iooc oomb te	00430			3. Date Incorporated or Qualified 03/16/1983	3a.	Date of Las 05/01/1		
2. Principal Pla 21		ss	2a. 26	Mailing Address				4. FEI Number 59-2272945			Applied For Not Applicable	
Suite, Apt. #, etc. 2 City & State 3			27	Suite, Apt. #, etc. 27 City & State 28				5. Certificate of Status Desired \$8.75 A Fee Re 6. Election Campaign Financing \$5.00			\$8.75 Additional	
			28								O May Be	
Zip 24	2		29	Ζıp	30	Country	,	8. This corporation has liability for	r intangible	tax under s	d to Fees 199.032,	
	9. Name a	nd Address of Curre	nt Regisi	ered Agent				10. Name and Address of New				
						81	Name				<u> </u>	
ADAMS, JEANNE						82	Stroot Add	ckoop (P.O. Boy Number in Not Assesta	hlat			
8353 SE SANDY LANE					02	Sireel Add	treet Address (P.O. Box Number is Not Acceptable)					
HOBE SC	OUND FL 33	455				83						
						84	City			14-1-7	- 6 1	
		10				1 1	,		F		o Code	
TI Directorite										· · · · · · ·	1	
or registere	o trie provision ed agent, or bo	oth, in the State of Flori	2 and 617 ida. Such	'.1508, Florida Sta change was auth	atutes, the orized by	above-r	named corpo oration's boa	pration submits this statement for the pu	rpose of c	nanging its i	egistered office	
familiar with	o trie provision ed agent, or bo h, and accept	s of Sections 617,050; oth, in the State of Flori the obligations of, Sec	2 and 617 ida. Such tion 617.0	'.1508, Florida Sta change was auth)503, Florida State	atutes, the orized by utes.	above-r the corp	named corpo oration's boa	oration submits this statement for the pu ard of directors. I hereby accept the app	irpose of coolintment a	nanging its i as registered	egistered office agent. I am	
familiar with SIGNATURE	h, and accept	the obligations of, Sec	tion 617.0	0503, Florida State	rtes.		0,000,000	о о опостога. Петеру ассерт тте арр	ooiniment a	nanging its i as registered	egistered office agent. I am	
familiar with SIGNATUREs	h, and accept	is of Sections 617,050; both, in the State of Flori the obligations of, Sec printed name of registered agen OFFICERS AN	tion 617.0	0503, Florida State	rtes.		0,000,000	ed when reinstating)	DATE	as registered	agent. I am	
familiar with SIGNATURE S 12.	h, and accept Signature, typed or p	the obligations of, Sec orinted rame of registered agen OFFICERS AN	tion 617.0	0503, Florida State	NOTE: Reg	stered Agen	0,000,000	о о опостога. Петеру ассерт тте арр	DATE	as registered	RS IN 12	
familiar with SIGNATURE S 12. TITLE NAME	h, and accept Signature, typed or p PTD ADAMS, J	the obligations of, Sec printed rame of registered agen OFFICERS AN	tion 617.0	0503, Florida Stato oplicable TORS	NOTE: Reg	stered Agen	0,000,000	ed when reinstating)	DATE	ND DIRECTO	agent. I am	
familiar with SIGNATURE S 12. TITLE NAME STREET ADDRESS	PTD ADAMS, J 8353 SE S	the obligations of, Sec printed rame of registered agen OFFICERS AN EANNE SANDY LANE	tion 617.0	0503, Florida Stato oplicable TORS	NOTE: Reg	stered Agen 13. 1.1 T(TLE	nt signature requin	ed when reinstating)	DATE	ND DIRECTO	RS IN 12	
familiar with SIGNATURE s 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ADAMS, J 8353 SE S HOBE SO	the obligations of, Sec printed rame of registered agen OFFICERS AN EANNE SANDY LANE	tion 617.0	5503, Fiorida State opploeble TORS □DELETE	NOTE Reg	stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	nt signature require	ed when reinstating)	DATE	ND DIRECTO	RS IN 12	
tamiliar with SIGNATURE SITURE NAME STREET ADDRESS CITY-SI-ZIP	PTD ADAMS, J 8353 SE S HOBE SO	the obligations of, Sec printed rame of registered agen OFFICERS AN EANNE SANDY LANE UND FL	tion 617.0	0503, Florida Stato oplicable TORS	Ites.	stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE	nt signature require	ed when reinstating)	DATE	ND DIRECTO	RS IN 12	
familiar with SIGNATURE S 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PTD ADAMS, J 8353 SE S HOBE SO CATERING	the obligations of, Sec printed rame of registered agen OFFICERS AN EANNE SANDY LANE UND FL	tion 617.0	5503, Fiorida State opploeble TORS □DELETE	Ites.	Stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME	at signature require ADDRESS T-21P	ed when reinstating)	DATE	ND DIRECTO	PRS IN 12	
familiar with SIGNATURE SITURE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS STREET ADDRESS	PTD ADAMS, J 8353 SE S HOBE SO CATERING	the obligations of, Sec CONTROL OF THE SECTION OF	tion 617.0	5503, Fiorida State opploeble TORS □DELETE	NOTE Reg	Stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS T-2IP ADDRESS	ed when reinstating)	DATE	ND DIRECTO	PRS IN 12	
familiar with SIGNATURE SITULE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	PTD ADAMS, J 8353 SE S HOBE SO CATERING	the obligations of, Sec CONTROL OF THE SECTION OF	tion 617.0	503, Fiorida State oppicebre TORS □DELETE □DELETE	Jies.	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2 1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S'	ADDRESS T-2IP ADDRESS	ed when reinstating)	DATE	ND DIRECTO Change	PRS IN 12 Addition	
familiar with SIGNATURE SITURE NAME STREET ADDRESS CITY-SI-ZIP VAME STREET ADDRESS CITY-SI-ZIP UTLE	PTD ADAMS, J 8353 SE S HOBE SO CATERING 11500 KAI INDIAN TO	the obligations of, Sec printed rame of registered agen OFFICERS AN EANNE BANDY LANE UND FL GANNETTI, B NNER HWY	tion 617.0	5503, Fiorida State opploeble TORS □DELETE	JIOS.	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	ADDRESS T-2IP ADDRESS	ed when reinstating)	DATE	ND DIRECTO	PRS IN 12	
familiar with SIGNATURE SITURE NAME STREET ADDRESS CITY-SI-ZIP STREET ADDRESS CITY-SI-ZIP STREET ADDRESS CITY-SI-ZIP STREET ADDRESS CITY-SI-ZIP	PTD ADAMS, J 8353 SE S HOBE SO CATERING 11500 KAI INDIAN TO D MONSOUF	the obligations of, Sec printed rame of registered agen OFFICERS AN EANNE BANDY LANE UND FL GANNETTI, B NNER HWY	tion 617.0	503, Fiorida State oppicebre TORS □DELETE □DELETE	Jes.	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS T-2IP ADDRESS ST-2IP	ed when reinstating)	DATE	ND DIRECTO Change	PRS IN 12 Addition	
Tamiliar with SIGNATURE SIGNATURE STITLE NAME STREET ADDRESS CITY-SI-ZIP ITLE VAME STREET ADDRESS CITY-SI-ZIP ITLE VAME STREET ADDRESS STREET ADDRESS	PTD ADAMS, J 8353 SE S HOBE SO CATERING 11500 KAI INDIAN TO D MONSOUF	the obligations of, Secontrol of the obligations of the obligation	tion 617.0	503, Fiorida State oppicebre TORS □DELETE □DELETE	NOTE Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 3.2 NAME 3.3 STREET 3.3 STREET	ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	ed when reinstating)	DATE	ND DIRECTO Change	PRS IN 12 Addition	
familiar with SIGNATURE SIGNATURE ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP	PTD ADAMS, J 8353 SE S HOBE SO CATERING 11500 KAI INDIAN TO D MONSOUF 800 ALLIS	the obligations of, Secontrol of the obligations of the obligation	tion 617.0	503, Fiorida State oppicebre TORS □DELETE □DELETE	Jes.	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	ed when reinstating)	DATE	ND DIRECTO Change Change	Addition	
familiar with SIGNATURE S 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ADAMS, J 8353 SE S HOBE SO CATERING 11500 KAI INDIAN TO D MONSOUF 800 ALLIS	the obligations of, Secontrol of the obligations of the obligation	tion 617.0	JSO3, Florida State popicebrie TORS DELETE DELETE	NOTE Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.3 STREET 3.4 CITY-S 3.4 CITY-S 3.4 CITY-S 3.5 STREET 3.4 CITY-S	ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	ed when reinstating)	DATE	ND DIRECTO Change	PRS IN 12 Addition	
Tamiliar with SIGNATURE SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PTD ADAMS, J 8353 SE S HOBE SO CATERING 11500 KAI INDIAN TO D MONSOUF 800 ALLIS	the obligations of, Secontrol of the obligations of the obligation	tion 617.0	JSO3, Florida State popicebrie TORS DELETE DELETE	NOTE Reg	Stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ed when reinstating)	DATE	ND DIRECTO Change Change	Addition	
tamiliar with SIGNATURE 12. 112. 114. 115. 116. 116. 117.	PTD ADAMS, J 8353 SE S HOBE SO CATERING 11500 KAI INDIAN TO D MONSOUF 800 ALLIS	the obligations of, Secontrol of the obligations of the obligation	tion 617.0	JSO3, Florida State popicebrie TORS DELETE DELETE	NOTE Reg	Stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	ed when reinstating)	DATE	ND DIRECTO Change Change	Addition	
TAMINAR WITH SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TREET ADDRESS CITY-ST-ZIP TITLE TREET ADDRESS CITY-ST-ZIP TITLE TREET ADDRESS CITY-ST-ZIP TITLE	PTD ADAMS, J 8353 SE S HOBE SO CATERING 11500 KAI INDIAN TO D MONSOUF 800 ALLIS	the obligations of, Secontrol of the obligations of the obligation	tion 617.0	JSO3, Florida State popicebrie TORS DELETE DELETE	NOTE Reg	Stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2 TITLE 2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET 4.3 STREET 4.3 STREET	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	ed when reinstating)	DATE	ND DIRECTO Change Change	Addition	
TAMINAR WITH SIGNATURE SIGNATURE STREET ADDRESS S	PTD ADAMS, J 8353 SE S HOBE SO CATERING 11500 KAI INDIAN TO D MONSOUF 800 ALLIS	the obligations of, Secontrol of the obligations of the obligation	tion 617.0	JOSO, Florida State opicable TORS DELETE DELETE	NOTE Reg	Stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2 T TITLE 2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.3 STREET 4.4 CITY-S 4.4 CITY-S 4.4 CITY-S 4.4 CITY-S 4.4 CITY-S	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	ed when reinstating)	DATE	ND DIRECTO Change Change Change	Addition Addition	
TAME TAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PTD ADAMS, J 8353 SE S HOBE SO CATERING 11500 KAI INDIAN TO D MONSOUF 800 ALLIS	the obligations of, Secontrol of the obligations of the obligation	tion 617.0	JOSO, Florida State opicable TORS DELETE DELETE	NOTE Reg	Stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ed when reinstating)	DATE	ND DIRECTO Change Change Change	Addition Addition	
TAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS TITLE NAME TREET ADDRESS TITLE NAME TREET ADDRESS TITLE NAME TREET ADDRESS TITLE TITLE	PTD ADAMS, J 8353 SE S HOBE SO CATERING 11500 KAI INDIAN TO D MONSOUF 800 ALLIS	the obligations of, Secontrol of the obligations of the obligation	tion 617.0	JOELETE	NOTE Reg	stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET 5.1 TITLE 5.1 TITLE 5.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ed when reinstating)	DATE	ND DIRECTO Change Change Change	Addition Addition	
TAME TAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TAME TREET ADDRESS CITY-ST-ZIP TITLE TREET ADDRESS CITY-ST-ZIP TITLE	PTD ADAMS, J 8353 SE S HOBE SO CATERING 11500 KAI INDIAN TO D MONSOUF 800 ALLIS	the obligations of, Secontrol of the obligations of the obligation	tion 617.0	JOSO, Florida State opicable TORS DELETE DELETE	NOTE Reg	stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE 3.2 NAME 3.3 STREET 4.2 NAME 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 6.3 STREET 6.1 TITLE 5.2 NAME 6.3 STREET 6	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ed when reinstating)	DATE	ND DIRECTO Change Change Change	Addition Addition	
TAME TAME TAME TAME TO THE	PTD ADAMS, J 8353 SE S HOBE SO CATERING 11500 KAI INDIAN TO D MONSOUF 800 ALLIS	the obligations of, Secontrol of the obligations of the obligation	tion 617.0	JOELETE	NOTE Reg	Stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 6.3 STREET 6.4 CITY-S 6.4 CITY-S 6.4 CITY-S 6.4 CITY-S	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ed when reinstating)	DATE	ND DIRECTO Change Change Change	Addition Addition Addition	
TAME TAME TAME TAME TO THE	PTD ADAMS, J 8353 SE S HOBE SO CATERING 11500 KAI INDIAN TO D MONSOUF 800 ALLIS	the obligations of, Secontrol of the obligations of the obligation	tion 617.0	JOELETE	NOTE Reg	stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.2 NAME 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 6.3 STREET 6.1 TITLE 5.3 STREET 6.4 CITY-ST 6.1 TITLE 6.3 STREET 6.4 CITY-ST 6.4 CITY-ST 6.5 STREET 6.4 CITY-ST 6.5 STREET 6.5 STREET 6.6 CITY-ST 6.1 TITLE 6.1 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ed when reinstating)	DATE	ND DIRECTO Change Change Change	Addition Addition Addition	

SIGNATURE: JEANNE ADAMS - Claume Claume Claume Chams Com. 1/ 1996 407-546-5352