## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 846055

(2)

S.S. MELBOURNE, INC.

1. Corporation Name

**FILED** May 01 1996 8:00 am Secretary of State



Principal Place of Business Mailing Address					F SERIAL IDNI BIBAD BITTA ODIDL DAN	DI MISA MIMAL MAMAN MAMAN MIM	LIG ENERE ONDER FORD
6100 GLADES RD SUITE 205 BOCA RATON FL 33434		6100 GLADES RD SUITE 205 BOCA RATON FL 33434					
					3. Date Incorporated or Qualified	3a. Date of Last	
			<u> </u>		05/22/1980	05/01/19	995
	Place of Business	2a. Mailing Address			4, FEI Number		Applied For
21		26			38-2289664		Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
22	N-	27			<u> </u>		e Required
City & Sta	te	City & State	¬ ·		6. Election Campaign Financing		<b>00</b> May Be
<b>23</b> Zip	Country	<b>28</b>	Country		Trust Fund Contribution	AGG	ded to Fees
24	25	<b>⊢</b>	30	1	<b>8.</b> This corporation has liability for Florida Statutes ☐ Ye	rintangibie tax under s. □ No	s 199.032,
	9. Name and Address of Curre	·-···	30		10. Name and Address of New		,
		<u> </u>	81	Name		· · · · · · · · · · · · · · · · · · ·	
TOOME	V DAHI N		ļ				
TOOMEY, PAUL D. 6100 GLADES RD.			82	Street Addr	ress (P.O. Box Number is Not Accepta	bie)	
SUITE 205			83				
BOCA RATON FL 33434							
BOOK	NATON FL 33434		84	City		FL  85	Zip Code
or registe	to the provisions of Sections 607.050 ered agent, or both, in the State of Flor with, and accept the obligations of, Sec	ida. Such change was authorized	, the above- by the corp	named corpor coration's boa	ration submits this statement for the part of directors. I hereby accept the app	proose of changing its	s registered office ed agent. I am
SIGNATURE							
12.	Signature, typed or printed name of registered agor	ID DIRECTORS	13.	nt signature require	O When reinstating:  ADDITIONS/CHANGES TO OF	DATE	IODS IN 12
TITLE	PD	DELETE	1. 1 TITLE		ADDITIONS/CHANGES TO OF	Change	
NAME	DAVIS, RICHARD L.		1.2 NAME			Cuang.	L Macilion
STREET ADDRESS	41 45 54 5545			T ADDRESS			
CITY-SF-ZIP	BOCA RATON FL		1.4 CITY-				
TITLE	VSD	☐ DELETE	2. 1 7/TLE	51 - ZIF	☐ Change ☐ Addet		Addition
NAME	TOOMEY, PAUL D.		2.2 NAME				
STREET ADDRESS	4 4 4 4 AL 4 BEA BA 4 B			I ADDRESS			
CHY-SI-ZIP	BOCA RATON FL		2.4 CITY-				
TITLE	AS	☐ DELETE	3. 1 TITLE	21-211		Change	Addition
NAME	KICKHAM, EDWARD F.		3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-1				ļ
TITLE	AS	DELETE	4. 1 TITLE			☐ Change	Addition
NAM:	FOLTYN, DAVID	*****	4 2 NAME				
\$1REET ADDRESS				r ADORESS			
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY - 1				
TILE		☐ DELE1E	5 1 TITLE			Change	Addition
NAME		7	5 2 NAME				
STREET ADDRESS				F ADDRESS			
City-St-ZIP	1		54 CITY-1				
TITLE		DELÉTE		<u>"</u>	Change		Addition
NAME		•	6.2 NAME				_
STREET ADDRESS			6 3 STREE	ADDRESS			
CITY - \$1 - ZIP			6.4 CITY-5	!			
	by certify that the information supplied	with this filing is voluntarily furnish			or the exemption stated in Section 119	9.07(3)(k), Florida Stat	utes. I further

certify that the information indicated on this annual report is rule 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard L. Davis

4/25/96 Dale

(407)487-6700