## 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 #** F06210

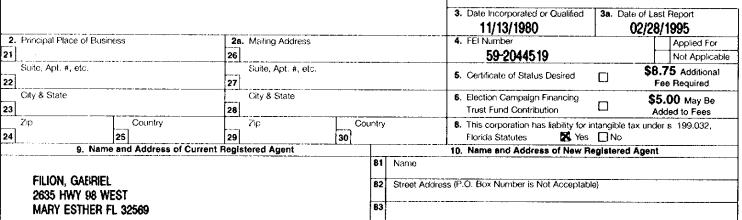
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Principal Place of Business 2635 HIGHWAY 93 WEST MARY ESTHER FL 32569

Mailing Address

2635 HIGHWAY 98 WEST MARY ESTHER FL 32569



11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Lam or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I bereby accept the appointment as registered agent. Lam

City

familiar with	n, and accept the obligations of, Section 607	7.0505, Florida Statutes.	,	o bi birotiaio. I poroby dopopi in	s appointment do registered	ago. II. 7 om	
SIGNATURE _	Signature, typed or printed name of registered agent and title	Landinable (NO	TE: Registered Agent signature required	when rainglatin if	DATE	·	
12.	OFFICERS AND DIRECTORS		13.		S/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	\$T	☐ DELETE	1. 1 TITLE		☐ Change	Addition	
NAME	FILION, MONIQUE D		1.2 NAME				
STREET ADDRESS	2635 HWY 98 WEST		1.3 STREET ADDRESS				
CITY-ST-ZIP	MARY ESTHER, FL 00000		1.4 CITY - ST - ZIP				
TITLE	P	☐ DELETE	2 1 TITLE		☐ Change	☐ Addition	
NAME	FILION, GABRIEL		2.2 NAME				
STREET ADDRESS	2635 HWY 98 WEST		2 3 STREET ADDRESS				
C/TY-ST-ZiP	MARY ESTHER, FL 00000		2 4 CITY - ST - ZIP				
TiTLE		□ DELETE	3 1 TITLE		Change	Addition	
NAME			3 2 NAMÉ				
STREET ADDRESS			3.3 STREET ADDRESS				
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TITLE		☐ DELETE	4 1 TITLE		☐ Change	☐ Addition	
NAME .			4.2 NAME				
STREET ADDRESS			4 3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TIME		DELETE	5 1 TITLE		Change	☐ Addition	
NAME			5 2 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			54 CHY-ST-ZIP				
TITLE	•	DEFE LE	6 1 TITLE		☐ Change	☐ Addition	
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CHTY-ST-ZIP			64 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further 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 this 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 on an attachment with an address.

SIGNATURE:

4-22-96 904-581-3999

Zip Code

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