## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F20274

(9)

FILED
May 01 1997 8:00am
Secretary of State



S CECIL IRVING RHODES 7841 HOOPER RD - BAY #1 W PALM BEACH FL 33411		% CECIL IRVING RHODES 7641 HOOPER RD - BAY #1 W PALM BEACH FL 33411					
				3. Date incorporated or Qualified 02/18/1981 05/01/1996		Report	
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address		4. FEI Number		Applied For
21 7442	VENETIAN WAY	26 7441 VENETIAN WAY					Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		SR 75 Additional		Additional	
22		27			5. Certificate of Status Desired Fee Required		
City & State 23 W. PAL	.m Beach Fl	City & State 28 W. PALM BEACH FL.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
24 334		-4	Country  8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
MIODES, CECIL INVING				81 Name			
	VENETIAN WAY CLARKE SHORES FL 33406			82 Street Address (P.O. Box Number is Not Acceptable)			
BANK OF HUNE OF ICHES AS A SOLO			83				
			84	City		or   7:	n Code
			64	City		FL  85   Zi	p Code
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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and trie if applicable (NOTE Registered Agent signature required when rounstating) DATE							
12.	OFFICERS AND	···	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	STD	☐ DELETE	1 1 10 LE			Change	e 🔲 Addition
NAME	The state of the s		1.2 NAME				
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		1.3 STREET	ADDRESS			
CITY-ST-ZIP			1.4 CITY - S	SI - 7IP			
TITLE	•		21 THEF			L. Change	e
NAME	RHODES, CECIL I		2.2 NAME				
STREET ADDRESS 7442 VENETIAN WAY		2.3 STHEET ADDRESS					
CITY-ST-ZIP			2 4 CITY - S	ST-ZIP		Change	e Addition
TITLE	—		3.1 TITLE			Change	E L Addition
NAME			3.2 NAME 3.3 STREET ADDRESS				
STREET ADDRESS							1
CITY-ST-ZIP TITLE	The state of the s		3.4. CHY-5 4.1 THE	21 - 515,		Change	e Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	1			
TITLE		DELETE	5 1 TOLE	/ EII		Change	e 🔲 Addition
NAME			5.2 NAME			_	
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	S1 - ZIP			
TITLE			6 1 TITLE		☐ Change ☐ Addil		e 🔲 Addition
NAME			6 2 NAME				
STREET ADDRESS			6 3 STREET	ADDRESS			
CITY-ST-ZIP			6 4 CITY - S				
14. I do herel	by certify that the information supplied	with this filing does not qualify	for the exe	mption stated	in Section 119.07(3)(i), Florida Statules	. I further certify the	at the

4. To needy certify that the information supplied with this filling does not quarry for the exemption stated in Section 19.07(3)(f), Florida Statutes. Filtrine 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 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 3 if changed, or on an attachment with an address.

IGNATURE AUSTRICATION AUSMITH 4/24/97 (561) 585-1899