## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

NONPROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # F95000002827 (2)

## **FILED** Sep 19 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  533 RUTILE DR PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082							DO NOT WRITE IN THIS SPACE				
							3. Date incorporated or Qualified 06/12/1995	3a. Da	ate of Las 08/14/1		
2. Principal F	Place of Business		2a. Mailing Address				4. FEI Number 33-0432375			Applied For Not Applica	-
Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$8.75		5 Additional Required	
City & Stat	te		ty & State				Election Campaign Financing     Trust Fund Contribution			00 May Be	
Zip 24	Country 25	Zij	p	30 Coun			8. This corporation owes or has paid the current year Int				
	9. Name and Address of Curr		ed Agent	1301			10. Name and Address of New Reg		Agent		
				8	B1	Name					
RAY, RICHARD 533 RUTILE DR					B2	Street Ad	dress (P.O. Box Number is Not Acceptab	ess (P.O. Box Number is Not Acceptable)			
	VEDRA BEACH FL 32082			1	В3						
			•	[6	B4	City		FL	85 Z	ip Code	
agent. I a	registered agent, or both, in the Statem familiar with, and accept the obtaining the statement of the statem	igations of, Se	ection 617.0503, F	lorida Statu	tes	i. 	orporation submits this statement for the pration's board of directors. I hereby acceptions are the properties of the pr	DATE	···		<b>-</b>
12.		ND DIRECTO		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	DCP DAY DIOLIADD		☐ DELETE	1.1 TITL	.E				☐ Chang	ge 🔲 Addi	ition
NAME	RAY, RICHARD 533 RUTILE DR			1.2 NAN							
STREET ADDRESS	PONTE VEDRA BEACH FL 3	2082				ADDRESS					
CITY-ST-ZIP	DS	LUUL	DELETE	1.4 DITY 2.1 TITL	_	I - ZIP			Chang	ne Acidi	ition
NAME	RETA, MICHAEL			2.2 NAM						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS	2035 E ORANGEGROVE AV	<b>E</b>		1		ADDRESS					
CITY-ST-ZIP	ORANGE CA 92667			2. 4 CIT		IT-ZIP			,		
TITLE	DT BDINES NED		DELETE	3.1 TITL					☐ Chang	ge 🔲 Addi	ition
NAME STOCET ADDOCCC	BRINES, NED 4145 VIA MARINA #218			3.2 NAN		*DDDCCC					
STREET ADDRESS CITY-ST-ZIP	MARINA DEL RAY CA 90292	•		3.3 STR		ADDRESS					
TITLE		-	DELETE	4.1 TrTL	_	1- ZIF			Chang	ge ∐ Addi	lition
NAME			4	4. 2 NA	ME				•		
STREET ADDRESS				4.3 STR	EET .	ADDRESS					
CITY-ST-ZIP				4.4 CITY		T-ZIP			7 4		
TITLE			☐ DELETE	5.1 TITL					☐ Chang	ge ∐ Addi	ition
NAME				5.2 NAM		Lengtes					
STREET ADDRESS						ADDRESS .					
CITY-ST-ZIP TITLE			DELETE	5.4 CITY 6.1 TITL		1-207			☐ Chang	ge 🔲 Addi	ition
NAME			hand January	6.2 NAM							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				6.4 CITY		1					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 is changed to on an attachment with an address.