FILE NO)W: FILING FE	E AFTER R	AAY 1 IS	\$22 5	.00	77					
CORPORATION ANNUAL REPORT 1995			FLORIDA DEPAH Sandra B Secretisi		TMENT OF STATE Mortham y of State ORPORATIONS		FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS				
1. Corporation)528	(1)					95 APR 10	PM 2:	09	
Principal Place	of Business	Mailing /	Address				4				
63 CORAL LA PO BOX 2483	INE	65 COI PO BO	6S CORAL LANE PO BOX 2485 MARATHON SHORES FL 33052					DO NOT WRIT			
				-			3. Date incorp 09/20/19	orated or Qualified 982		of Last F 1/08/199	•
	ace of Business	2a. Maifi	ng Address				4. FEI Number				Applied For
2t Suite, Apt.	# otc	26 Suite	, Apt. #, etc.				-	PLICABLE			Not Applicable 5 Additional
22 Suite, Apr.	w, etc.	27	, Apr. W. Gic.				5. Certificate n	f Status Desired		— — — · ·	Required
City & State)	City -	S State				6. Election Can Trust Fund C	npaign Financing Contribution			May Be
Zip	Country	Zip		Countr	y			ition has liability fo	r intangible to		
24 ,	9. Name and Address of	29	3.	0			Florida Statu	ites Ye Address of New		Agent	
10 CLAR KEY COI	FRANKLIN D. A BLVD, KCB LONY BEACH FL 33052 To the provisions of Sections 6 ed agent, or both, in the State th, and accept the obligations	of Florida. Such chan	ge was authorized t	83 84 he above- by the con	City		tion cultinite this s	ber is Not Accepta	FL urpose of cha	anging its	ip Code registered office d agent. I am
SIGNATURE			4,077 0		at a grant at	and and	Contention and		DATE		
12.	Signature, typod or printed harne of regist OFFICE	RS AND DIRECTORS		13.	an eith mirne	Tedostori v	ADDITIONS/	CHANGES TO OF			
TITLE NAME STREET ADDRESS	PD WATERS,FRANKLIN D. 10 CLARA BLVD			B .	t address					Chang	e [_] Additlen
CITY+ST-ZIP TITLE	KEY COLONY BEACH I	r <u>L</u>		14 CITY- 21 TIFLE	ST-ZIP	╁				Chang	e Addition
STREET ADDRESS CITY+ST+ZIP	WATERS,CATHERINE L 10 CLARA BLVD KEY COLONY BEACH I			2.2 NAME 2.3 STREE 2.4 CITY-	1 ADDRESS						
TITLE	NET COLONT DENOTT	<u></u>		31 TITLE	J. 14	1		····		Chang	e Addition
NAME				3 2 NAME							
STREET ADDRESS CITY-ST-71P				34 CITY	ET ADDRESS ST-ZIP	'					
TITLE	· · · · · · · · · · · · · · · · · · ·			41 TITLE						Chang	e Addition
MAME STREET ADDRESS				4.2 NAME	T ADDRESS						
CITY-ST-ZIP				4.4 CITY -							
TITLE				5 I TITLE						Chang	u Addition
NAME STREET ADDRESS				5.2 NAME 5.3 STREE	1 ADDRESS						
CHY ST ZIP				5.4 CITY							
titui				& I TITLE						Chang	e Addition
NAME CORE ANDRES				6 2 HAME	1 ANDIIECC						

6.4 CHY+ST-ZIP

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this liting is voluntarily furnished and does not qualify for the example in attated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental nanual report to true and securate and that my signature shall have the same legal effect as if made under only; 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: FLANKLY D. WATERS

SIGNATURE: AND TYPED ON PRINTED HAME OF BIOTHING OFFICEN ON DIRECTOR.

Living Type ON PRINTED HAME OF BIOTHING OFFICEN ON DIRECTOR.

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