FILE	NOW: FILING FEE	AFTER MAY 1 IS	\$225.00		
F CORI ANNU	PROFIT PORATION AL REPORT	FLORIDA DEPAR* Sandra B. Secretary DIVISION OF C	IMENT OF STATE.  Mortham  of State		
1			ONI ONATIONS		
DOCUN 1. Corporation STUAL		(.)			
Principal Place of Business  141 E. RIVERSIDE DRIVE #30 JUPITER FL 33469		Mailing Address P. O. BOX 3655 STE 514 TEQUESTA FL 33469		- 1480;31 4016 61310 1300 10110 11613 4013 01613 01613 93011 93013 01613 (1011 160)	
U\$		ns		3. Date lucorcorated or Qualified	3a. Date of Last Report 05/01/1995
2. Principal Pla 21	ce of Business	2a. Mailing Address 26 14/ E. R. J. E.	eside Drive	4. FEI Number 59-2341471	Applied For Not Applicable
Surte, Apt. #	, etc.	Suite, Apt #, etc.	_	5. Cortificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ <b>24</b>	Country 25	28 Jupiter 210 29 33469	Country 30 PALM BEACH	8. This corporation has liability for in Florida Statutes	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	
STUAR	T, RICHARD E.		81 Name		
1081 RAINTREE LN.  82 Street Address (P.O. Box Number is Not Acceptable)					le;
PALM E	3CH. GARDENS FL 33410		83		
			84 City		or Zo Code
44.5					FL 85 Zip Code
or registere	the provisions of Sections 607.0502 a diagent, or both, in the State of Florida	nd 607.1508, Florida Statutes, Such change was authorized	the above-named corporation is board.	ion submits this statement for the pur of directors. Thereby accept the appo	pose of changing its registered office pintment as registered agent. I am
SIGNATURE	name accept the obligations on Section	i byr obob, Florida Statutes.			
		of RICHARD E	Hospidered Agent Signature request w	neo esi tatogi	-/3-96
12.	D OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFI	
NAME	STUART, RICHARD E.	☐ ottele	1 1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	336 GOLF VIEW RD #514		1.3 STREET ADDRESS		
CHTY-ST-ZIP	NO PALM BCH FL		1.4 CITY - ST - ZIP		
THTLE		☐ DELETE	2 1 Tille		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADORESS		
CITY - ST - ZIP TITLE		☐ DELETE	2 4 CITY - ST - ZIF' 3 1 TITLE		Change Addition
NAME		Deterio	3 2 NAME		Change Appendix
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE		☐ DELETE	4 1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELFTE	4.4.0:TY-ST-7:P 5.1.T-TLF		Change Addition
NAME		LJ SECTE	5 2 NAME		Change Addition
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIF			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 FIFLE		Change Addition
NAME STREET ADDRESS			6.2 NAME		

14. I do hereby certify that the information supplied with this fiting 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 eath; 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:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR.

6.4 CITY - ST - ZIP

CHTY-ST-ZIP