## 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 #** 

H36520

(5)

**FILED** Feb 05 1996 8:00 am Secretary of State



Principal Place of Business Mailing Address  1173 OLD DIXIE HWY. LAKE PARK FL 33403  Mailing Address  1173 OLD DIXIE HWY. LAKE PARK FL 33403						
2. Principal	Place of Business	20 Mailing Add		<ol> <li>Date Incorporated or Qualified</li> <li>12/31/1984</li> </ol>	3a. Date of Last Report 05/23/1995	
21		2a. Mailing Address		4. FEI Number	Applied F	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		59-2491410	Not Appl	
City & Sta	ate	27 City & State		5. Certificate of Status Desired	\$8.75 Addition	
23		28		6. Election Campaign Financing	\$5.00 May B	
I Zp Iaal	Country	Zip	Country	Trust Fund Contribution	Added to Fee	•
24	25	29	30	This corporation has liability for in Florida Statutes     Yes	ntangible tax under s 199.032	,
<u> </u>	9. Name and Address of Co	irrent Registered Agent		10. Name and Address of New Re	Clistered Apont	
PETRE	IKIS, JOHN A. JR.		81 Name		Statolog Marit	
440 NO	ORTH JUNO LANE		82 Street Ar	ddress (P.O. Box Number is Not Acceptable		
JUNO	BEACH FL 33408				e)	
	DE 1011 1 E 00400		83			
			84 City			
11. Pursuant	to the provisions of Sections 607 (	1502 and 607 1509 Final D	1 1		FI 85 Zip Code	
or registe familiar w	ered agent, or both, in the State of I	Florida. Such change was authoriz	es, the above named corp ed by the corporation's by	oration submits this statement for the purp lard of directors. I hereby accept the appoin	ose of changing its registered	office
SIGNATURE	and dooopt the doligations of, t	Section 607.0505, Florida Statutes		sort of directors. Thereby accept the appoint	ntment as registered agent. I a	m
	Signature, typed or printed name of registered	agent and tile if applicable	TC. 61			
12.	OFFICERS	AND DIRECTORS	TE: Registered Agent signature requi		DATE	
7.11.5	טיין פ	DELETE	1 1 TITLE	ADDITIONS/CHANGES TO OFFIC		
MAME	PETREIKIS, JOHN A., JR.		1.2 NAME		Change Addit	ion
STREET ADDRESS	440 N JUNO LANE		1.3 STREET ADDRESS			ľ
CITY ST-ZIP	JUNO BCH FL		1.4 CITY-ST-ZIP			- 1
11(1)E	1	DELETE	2 1 THLE			
NAME			2 2 NAME		☐ Change ☐ Addili	on
STREET ADDRESS			2 3 STREET ADDRESS			- 1
C 1 v - S1 - Z P			2 4 City-ST-ZIP			- 1
7.11.6		☐ DELETE	3 1 TITLE		F1 A	
NAME SIDELL ADDOCAC			32 NAME		Change Additi	on
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GHY - ST - ZIF Title			3 4 CITY-ST-2IP			
NAME		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition	
STHEFT ADDRESS			4.2 NAME		☐ Change ☐ Additio	m
CITY - ST-ZIP			4.3 STREET ADDRESS			
II'LE			44 CITY - ST - ZIP			
AM:		☐ DELETE	5. 1 TITLE		☐ Change ☐ Additio	
STHEET ADDRESS			52 NAME		□ Amange □ M00ili0	"
CTY-ST-ZiP			5 3 STHEET ADDRESS			
TILE		Fig. Str. Free	5 4 CITY - ST - ZIP			
			6 1 TITLE			_4
IAMÉ		☐ DELETE	5 / tiree		☐ Change ☐ Additio	n [
			6.2 NAME		☐ Change ☐ Additio	n
PREET ADDRESS UTY-ST ZIP		Doctor			☐ Change ☐ Additio	n

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1-30.96

407.844.7500