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

151

Principal Place of Business 701 NORTHPOINT PKWY STE 322 WEST PALM BEACH FL 33407 US TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR					3. Crate Incorporated or Qualified 3a. Date of Last Report	
					07/01/1985	03/24/1995
2. Principal Pla		2a. Mailing Address 1489 Nord	a na t	tour True!	4. FEI Number 59-2581171	Applied For Not Applicabl
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.	יא וזננינו	ngry nau		\$8.75 Additional
2 STC	207	7 Ste 207	7		5. Certificate of Status Desired	Fee Required
City & State	0 0 -	City & State Wes T Palue	RI	CI	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip West	racm Sch, F/ 2 Country	28 West Falu Zip	<u>(Bch</u> Coun	try	This corporation has liability for	intangible fax under s. 199 032
3340	9 25 Palm Beh 2	9 33409		lmBch	Florida Statutes Yes	
	Name and Address of Current Re	gistered Agent		Name	10. Name and Address of New I	Registered Agent
WILSON, TIMOTHY 701 NORTHPOINT PARKWAY STE 322 WEST PAIN REACH EL 33407						Trail [85] Zin Coda
11. Pursuant to or registere familiar with SIGNATURE	o the provisions of Sections 607.0502 and ad agent, or both, in the State of Florida. S h, and accept the obligations of, Section 6	607.1508, Florida Statute such change was authorize 607.0506, Florida Statutes.	s, the above d by the co	e-named coroo	ration submits this statement for the ou	roose of changing its registered office
	Signature, typed or printed name of registered agent and the			gent signature require		DATE
12.	OFFICERS AND DIF	RECTORS DELETE	13.	, 	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	Wilson, Marjorie A. 2920 se falmouth dr Stuart fl			EET ADDRESS		☐ Change ☐ Addition
DITY-ST-ZIP	PS PS	☐ DELETE	1.4 C(I) 2. 1 T(I)	r-ST-ZIF		t Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	WILSON, TIMOTHY W. 701 NORTHPOINT PARKWAY ST WEST PALM BEACH FL		2 2 NAN 2.3 STR		1489 North Mild West Palm Boh,	•
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NAME			3.2 NAA	1 E		
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CITY-ST-7IP			3.4 City	(-ST-ZIP		
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NAME			4.2 NAN	1E		
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NAME			52 NAN			
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CITY - S1 - ZIP		ריין מרעדני		(- ST-ZIP		Change D #ddition
TITLE		DELETE	6 1 TIT			☐ Change ☐ Addition
NAME			6.2 NAM			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP	y certify that the information supplied with	this filing is valuntarily furni		(-ST-ZIP	for the exemption stated in Coation 110	0.07/2)/IIV Florida Statistas I fudbor

I do hereby certify that the information supplied with this filing 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 cath; 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 one artifachment with an address.

GNATURE:

SIGNATURE AND TYPED ON FINITED NAME OF SIGNING OFFICER ON DIRECTOR

Date

Date

Deptine Proce

SIGNATURE:

CR2E034 (12/95)