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

SIGNATURE:

DOCUN 1. Corporation JENTE		90	(6)						
Principal Place	of Business	Ma	ling Address				FIIF ABII AIBII BI		III OFAN BIDIN IHAI
174 PECKHAM STREET. NE PALM BAY FL 32907			174 PECKHAM STREET. NE PALM BAY FL 32907						
						3. Date Incorporated or Qualified 10/07/1985	3a. Date	of Last R 2/17/1	
 Principal Pla 	ce of Business	2a. 26	Mailing Address	***		4. FE! Number 59-2597794		-	Applied For Not Applicable
Suite, Apt. #	t, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	Ø.		Additional Required
City & State		28	City & State			Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip Country			Zip Coui		<i>;</i>	This corporation has liability for intangible tax under s 199 Florida Statutes			
4	9. Name and Address of Curre	1 1	ered Agent	[30]		10. Name and Address of New F		gent	
			*3	81	Name			-	
JENSEN, DANIEL 174 PECKHAM STREET PALM BAY FL 32907				82	Street Add	dress (P.O. Box Number is Not Acceptat	ole)		
				83					
				84	City		FL	85 Zij	o Code
or registere familiar with SIGNATURE	ad agent, or both, in the State of Fic n, and accept the obligations of, Se Signature typed or profited name of registered ag-	rida Such ction 607.0	change was authorize 505, Florida Statutes	ed by the corp	ooration's bo	oration submits this statement for the purard of directors. I hereby accept the app	pose or char cointment as r	registered	agent. I am
12.	OFFICERS A	NO DIREC		13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
ITLE	PST		DELETE	1, 1 TITLE			Ė] Change	☐ Addition
IAME	JENSEN, DANIEL			1.2 NAME	-				
TREET ADDRESS	174 PECKHAM ST. N.E. PALM BAY FL				T ADDRESS				
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IAME			Deceie	2 1 TITLE 2 2 NAME			L.] Change	Addition Addition
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TLE			DELETE	3 1 TITLE	31-211		F] Change	Addition
AME				3.2 NAME					_
TREET ADDRESS				3.3 STREE	T ADDRESS				
iTY-ST-ZiP				3.4 CITY -	ST-ZIP				
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ITLE AME			□ percit	5 1 THLE 5 2 NAME] Change	Addition
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ITY-ST-ZIP				54 CITY -	T ADDRESS				
TLE			☐ DELETE	6 1 TITLE	ST F EIF			Change	Addition
AME			_	62 NAME			ļ .		
TREET ADDRESS					T ADDRESS				
ITY-ST-ZIP				64 CITY-					
certify that for oath; that f	the information indicated on this an	nua' report poration or	or supplemental annu the receiver or trustee	ished and doc ua! report is to e empowered	s not qualify ue and accur	for the exemption stated in Section 119 rate and that my signature shall have the his report as required by Chapter 607, FI	same legal e	effect as if	made under

Daniel Reedingen PHES (DEN)
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR