## E NOW: FILING FEE AFTER MAY 1 IS \$225.00

ROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

		1	9	E

DOCUMENT # 1. Corporation Name

J26831

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111	11 -	-FCTRIC	LILIMP	ANY

Principa: Place of Business Maring Address -123 NE RACETRACK ROAD P.O. BOX 1349



FT. WALTON BEACH FL 32547 DESTIN FL 32540							
					3. Date Incorporated or Qualified 08/01/1986	1	of Last Report <b>)7/10/1995</b>
2. Paripai Pla	ce of Business	2a. Mailing Actoress			4. FEI Number		Applied For
21 109 H	134 98 R.	26			59-2759774		Not Applicable
Şuite, Apt. #	——————————————————————————————————————	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	es FL	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	32541 25 USA	Zip	Gountry 30	,	8. This corporation has liability for Florida Statutes Yes	intangible t	ax under s. 199.032
	9. Name and Address of Curre	nt Registered Agent	· · · · · · · · · · · · · · · · · · ·		10. Name and Address of New F	tegistered	Agent
	NT ARROW DR FL 32541		83				
DESTIN	FL 32541		84				85 Zip Code
	ĺ l					FL	
or registere familiar witi	o the provisions of Sections 607.0£0 agent, or both, in the State of Floring and accept the obligations of, Sec	ida. Such change was autho	orized by the corp	named corpc Joration's boa	ration submits this statement for the pure of directors. Thereby accept the app	rpose of ch ointment a:	anging its registered offic s registered agent. I am
SIGNATURE _	Signatine, types or prodedicare, of engineed were	transfittent accounts	its ing to general Age	ct signature region	ed when renstating	DATE	
12.		SD DIRECTORS	13.		ADDITIONS/CHANGES TO OF	ICEHS AN	DIRECTORS IN 12
TITLE	PTD	[] DELETE	L 1 TII. F				Change Addition
NAME	LANEVE, DOMINICK		1.2 NAME				
STREET ADDRESS	190 BENT ARROW DRIVE		1.3 STHEE	I ADDRESS			
City ST-7P	DESTIN FL		1 4 CITY -	ST-ZIP			

SIGNATURE	ignative, typed or pristed out is of registered went with the	illagramates (Psr)	(IE) Bargesterad Agent Suprature required	Easternire distallings	DATE	
12.	OFFICERS AND DIRE	CIORS	13.	ADDITIONS/CHANGES TO OFFIC	EHS AND DIRECTO	RS IN 12
TITLE	PTD	(T) DELETE	L 1 TIF. F		☐ Change	☐ Addition
NAME	LANEVE, DOMINICK		1.2 NAME			
STREET ADDRESS	190 BENT ARROW DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	DESTIN FL		1.4 CITY-ST-ZIP			
TITLE	SM	DELETE.	2 1 THLE		☐ Change	☐ Addition
NAME	Laneve, Lisa		2.2 NAME			
STREET ADDRESS	190 BENT ARROW DRIVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	DESTIN FL		2.4 CITY - ST - ZIP			
TifLE		☐ DELETE	3 h TITLE		Change	☐ Add₁tion
NAME \			3.2 NAME			
SIREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3 4 Cil Y - ST - ZiP			
TITLE		DELETE	4 THILE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			44 CITY - ST. Z.P			<del></del>
TITLE		DEFELE	5 1 1111.6		Charige	Addition
NAME			5.2 NAME			
STREET ACCRESS			5 3 STREET ADDRESS	90000184	13039	
CITY - ST - ZIP			5 4 CITY - ST - ZIP	90000184 -05/29/96011 ***200.00	10022	
TITLE		DELETE.	6 1 TITLE	***200.00	⊤ Change	☐ Addition
NAME			6.2 NAME			5/,
STREET ADDRESS			€ 3 STREET ADDRESS			1 32

14. Too 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 oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapped, or on an attack pient with an address.

6.4 CHY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

THEOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-96

904 887 9585

CR2E034 (12/95)