	PROFIT PORATION JAL REPORT 1996	San Se	EPAR1MENT OF STATE dra B. Mortham cretary of State OF CORPORATIONS			
I. Corporation	MENT # J59 REE ISLES, CORP.	689 (6	)			
Principal Place	of Business	Mailing Address				
140 RUBY S ROCKLEDGI		140 RUBY ST. ROCKLEDGE FL	32955			
. Principal Pla	ce of Business	2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1987	3a. Da	ate of Last Report 07/03/1995
]		26 Maining Aboress		4. FEI Number 59-2781882		Applied For Not Applicab
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Ø	\$8.75 Additional Fee Required
Oity & State		City & State		Election Campaign Financing     Trust Fund Contribution	42	\$5.00 May Be Added to Fees
Zip	25 9. Name and Address of Cu	Zip 29	Country 30	8. This corporation has liability for Florida Statutes 🔀 Yes	intangible s No	
	g, reality and Address of Ot	urrent negistered Agent	81 Name	10. Name and Address of New I	Registered	l Agent
	URNE FL 32901		83			
Pursuant to     or registerer	the provisions of Sections 607.	0502 and 607.1508, Florida Sta Florida. Such change was authc Section C07.0505, Florida Statul	84 City utes, the above named corpo	oration submits this statement for the pu ard of directors. I hereby accept the app	FL rpose of chointment a	85 Zip Code langing its registered offis s registered agent. I am
Pursuant to or registered familiar with  GNATURE SI	the provisions of Sections 607.0 d agent, or both, in the State of , and accept the obligations of , andaccept tree or opinion name of repistered	Section 607.0505, Florida Statul	84 City utes, the above named corpo	and of directors. Thereby accept the app		
Pursuant to or registered familiar with  GNATURE	the provisions of Sections 607.0 diagent, or both, in the State of , and accept the obligations of , and accept the obligations of , or accept the obligations of , or accept the or postered OFFICERS	Section £07.0505, Florida Statul agent and this Payalcable S AND DIRECTORS	utes, the above-named corporated by the corporation's books.  NOTE Projectived Agent signature require.	and of directors. Thereby accept the app	rpose of chointment a	anging its registered offi s registered agent. I am
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SIGNATURE: LL Que of Haffe Secretary

Dolores J. Happel, Secretary

April 29, 1996 407-632-5123