FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J59689**

(6)

2. Frinciples Hate of Eusiness 2. 2a. Mailing Address 4. Fit Number 3. Section Appt 8. etc. 2a. Mailing Address 5. Section Address 5. Section Appt 8. etc. 5. Sella Appt 8. Electron Campalign Financing 7. etc. 5. Electron Campalign Financing 7. etc. 5. Electron Campalign Financing 7. etc. 5. etc. 5. Electron Campalign Financing 7. etc. 5. etc. 6. Electron Campalign Financing 7. etc. 5. etc. 5. etc. 6. Electron Campalign Financing 7. etc. 5. etc. 6. Electron Campalign Financing 7. etc. 5. etc. 6. Electron Campalign Financing 7. etc. 6				Mailing Address 140 RUBY ST. ROCKLEDGE FL 32955-5613		E ISLES, CORP.	SUNTRE Principal Place 140 RUBY ST. ROCKLEDGE FI
Suito Apt #. cfc. Suito Apt #. cfc. Suito Apt #. etc. Suito Apt #. etc. S. Certificate of Status Desired 22 27 Country 27 Country 28 Trust Fund Contribution 22 28 29 30 Finded Statutes 27 Trust Fund Contribution 28 Trust Address of New Registered Agent 28 Trust Address of New Registered Agent Fund Fund Fund Fund Fund Fund Fund Fund	of Last Report /1996		03/03/1987				
Suite. Apt. M. etc. City & State City & St	Applied For Not Applicable		· ·		L	ace of Business	
City & State City & State City & State City & State Country Zip Zip Zip Zip Zip Zip Zip Zi	\$8.75 Additional Fee Required	Ģ.			Suite, Apt. #, etc.	#, etc.	Suite, Apt
Zip Country Zip Country Zip Country 8. This corporation has liability for intangible tail Florida Statutes Xi Yes Yes Single Florida Statutes Xi Yes Single Florida Sta	\$5.00 May Be Added to Fees	52 1			City & State)	City & State
9. Name and Address of Current Registered Agent WALLS, MICHAEL M.M. 1221 EAST NEW HAVEN AVENUE MELBOURNE FL 32901 83 64 City FL 11. Function in the the provesions of Sections 607.0502 and 607.1508. Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. The Address of Provided Name of Progression agent and sice if applicable 16. DELETE 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. The Address of Provided Name of Progression agent and sice if applicable 19. The Address of Provided Name of Progression agent and sice if Applicable 19. The Address of Provided Name of Progression agent and sice if Applicable 19. The Address of Provided Name of Progression agent and sice if Applicable 19. The Address of Provided Name of Progression agent and sice if Applicable 19. The Address of Provided Name of Progression agent and sice if Applicable 19. The Address of Provided Name of Progression agent and sice if Applicable 19. The Address of Provided Name of Progression agent and sice if Applicable 19. The Address of Provided Name of Progression agent and sice if Applicable 19. The Address of Provided Name of Progression agent and sice if Applicable 19. The Address of Provided Name of Progression agent and sice if Applicable 19. The Address of Provided Name of Progression agent and sice if Applicable 19. The Address of Provided Name of Progression agent and sice if Applicable 19. The Address of Provided Name of Progression agent and sice if Applicable 19. The Address of Provided Name of Progression agent and sice if Applicable 19. The Address of Provided Name of Progression agent and sice if Applicable 19. The Address of Provided Name of Progression agent agen	under s. 199.032,	ntangible ta	8. This corporation has liability for in	_	Ζφ	·	Ζφ
WALLIS, MICHAEL M.M. 1221 EAST NEW HAVEN AVENUE MELBOURNE FL 32001 83 84 City FL 111. Furshand so the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of collider or registered agont, or both, in the State of Florida. Such change was subtroated by the corporation submits this statement for the purpose of collider or registered agont or both, in the State of Florida. Such change was subtroated by the corporation submits this statement for the purpose of collider or registered agont or both, in the State of Florida. Such change was subtroated by the corporation showed of directors. I hereby accept the appoint agont or with, and accept the obligations of, Section 607,0503, Florida Statutes. SISTEMATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. TITLE 15. DELETE 15. TITLE 16. TITLE 16. TITLE 17. THE 18. TITLE 18. TITLE 19. TITLE 19				301			11
11. Fursional to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of of office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint agent 1 am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. STORE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 17. Three of the provision of the provisi		le)	ss (P.O. Box Number is Not Acceptable	82 Street Addre	-	LIS, MICHAEL M.M. I EAST NEW HAVEN AVENUE	1221
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. IT THE HAPPEL, HENRY 140 RUBY ST. ROCKLEDGE FL 14 CITY-ST-2IP HAPPEL, DOLORES J 140 RUBY ST. SIBILIT ADDRESS CITY-ST-2IP HAPPEL, DOLORES J 140 RUBY ST. CITY-ST-2IP HAPPEL, DOLORES J 140 RUBY ST. CITY-ST-2IP HAPPEL, DOLORES J 140 RUBY ST. CITY-ST-2IP CITY-ST-2	Zip Code nanging its registered	urpose of c	vation submits this statement for the pu	s, the above-named corpo	02 and 607.1508, Florida Statut	to the provisions of Sections 607.0502	11. Purscant i
DELETE L1 TITLE L2 NAME L4 DRESS L	imerit as registered		•			_	SIGNATURE
HAPPEL, HENRY 1001-ST-21P 1001-T 1001	RECTORS IN 12	ERS AND I	ADDITIONS/CHANGES TO OFFICE	13.	ID DIRECTORS	OFFICERS AND	12.
140 RUBY ST. 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Change	Ţ		1.1 TITLE	DELETE	- · ·	TITLE
The color of the				1.2 NAME			44Mf
DELETE 21 TIFLE 22 NAME 22 NAME 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 24 CITY-ST-ZIP 25 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 25 NAME 34 STREET ADDRESS 34 CITY-ST-ZIP 35 NAME 35 STREET ADDRESS 34 CITY-ST-ZIP 35 NAME 35 STREET ADDRESS 35 STREET				1.3 STREET ADDRESS			STRUE" ADDRESS
HAPPEL, DOLORES J 140 RUBY ST. 23 STREET ADDRESS 140 RUBY ST. 23 STREET ADDRESS 140 RUBY ST. 24 CITY-ST-ZIP 111							
140 RUBY ST. 23 STREET ADDRESS 2.4 CITY-ST-ZIP	Change Additio	L,			L] DELETE	••	
							1
32 NAME 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS 34 CITY - ST - ZIP	Change Addition				DELETE	HOUNLEDGE FL	
33 STREET ADDRESS 34. CITY - ST-ZIP		_			****		
34. City - St - ZiP				3.3 STREET AODRESS			SIBELL ADDRESS
4.2 NAME				1			OTY - ST. ZIP
	Change Additio			······································	☐ DELETE		
			•	4. 2 NAME			MVř
				4.3 STREET ADDRESS			TREEL ADDRESS
				4.4 CITY-ST-ZIP			11y - \$1 - 7#P
	Change	[5.1 TITLE	LJ DELETE		HLE
STY ST-ZIP 5.4 CITY-ST-ZIP							MM
				5.3 STREET ADDRESS			FREET ADDRESS
(1.E ☐ 6.1 TITLE ☐	TA			·-·	T		· · · · · · · · · · · · · · · · · ·
	Change Addition	L			☐ DELETE		i
62 NAME	•			6.2 NAME			IAME
HELLADORESS 6.3 STREET ADDRESS				6.3 STREET ADORESS			UHELL ADDRESS
17-S1-7P 6.4 CITY-ST-7IP 6.4 CITY-ST-7IP 6.4 CITY-ST-7IP 6.4 CITY-ST-7IP 7.1 to hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further c							

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPE

I lepse po

Polores J. Happel

April 28, 1997

407-632-5123

FILED

May 13 1997 8:00am

Secretary of State

Daytime Prione #