FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1996			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			NS					
DOCUN 1. Corporation	MENT#	J84364		(5)							
***************************************	CONSTITUTION	/14; II4O;									
Principal Place	of Business		Mailing Ad	ddress					IRIND DIANI DIBN BEDALI		i 1 1111 1111 1111
				P.O. BOX 10 VERO BEACH FL 32961							
								3. Date incorporated or Qu 07/27/1987		te of Last Re 08/10/19	
2. Principal Pla	ace of Business		2a. Mailing	g Address				4. FEJ Number 59-2834379		L L .	Applied For Not Applicable
Suite, Apt.	#, etc.			Apt. #, etc.				5. Certificate of Status Desi	ired [\$8.75	Additional Required
City & State	9		City &	State				6. Election Campaign Finan Trust Fund Contribution	icing	\$5.0	0 May Be
Zip 24	Cour 25	itry	Zip	Į	Cour 30	itry		8. This corporation has liab Florida Statutes	ility for intangible		··
	9. Name and Add	ress of Current R	. I			 		10. Name and Address of	New Registered	d Agent	
445455	· IEEEDEV A					81	Name				
MEADE, JEFFREY S. 1400 28TH STREET						82 Street Address (P.O. Box Number is Not Acceptable)					
	BEACH FL 32960				ŀ	83				·····	
					}	84	City			8 5 Zig	o Code
							•		F	니ᅵ	
11. Pursuant t or register familiar wi	to the provisions of Se red agent, or both, in tl ith, and accept the obli	ctions 607.0502 an ne State of Florida. gations of, Section	id 607.1508 Such chang 607.0505, F	, Florida Statutes, je was authorized Torida Statutes.	the abor by the c	ve-n orpic	amed cor bration's b	poration submits this statement for poard of directors. I hereby accept t	the purpose of c he appointment a	hanging its r as registered	agistered office agent. I am
SIGNATURE:	Change of based on control and	la la falla la casa de contra con t	Madi positi pa o	ALC: A	Queictured	A.c.oct	reioniot ven mod	quired when reinstating)	Бать		
12.	Signature, typed or printed nar	OFFICERS AND D			Hagistered 13.	Agent	signature rec	ADDITIONS/CHANGES	DATE TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	P			DELETE	1.171	īLE	T	AT ACCUSAGE THE TEXABLE TEXT AND THE BEST OF THE SECTION OF THE SE		Change	Addition
NAME STREET ADDRESS	MEADE, JEFFR 3630-OCEAN-E		TAM	ARA TRAI	1.2 NA		ADDRESS				
CITY-SI-ZIP	VERO BEACH	, (14 P			1.4 CI						
TITLE	VP			DELETE	2 1 Ti					☐ Change	Addition
NAME	BURKHOLDER,	JOSEPH		th Ave	2 2 NA	ME					
STREET ADDRESS	726 34TH TER			m mye	23\$1	REET.	ADDRESS				
CITY-ST-ZIP	VERO BEACH	FL 32	960		2 4 CI	Y-SI	I - Z IP				A 17 MART 17 AG - BERLINET - AND M. ABOUTE
TITLE	VPD			DELETE	3. 1 1					Change	Addition
NAME	MEADE, MARK				3.2 NA						
STREET ADDRESS	284 35TH AVE						ADDRESS				
CITY-S1-ZIP	VERO BEACH	r L		DELETE	3 4 C1		T-ZiP	······		Change	Addition
TITLE NAME	MCCOY, JAME	s			4. 1 11 4.2 NA					change	☐ ¥000000H
STREET ADDRESS	385 35TH AVE	NUE- U20	46	UCT.			ADDRESS				
CITY-S1-ZIP	VERO BEACH	FL 2 ~ '	968		4 3 SI						
TITLE	12.13 02.1311		160	DELETE	5.1 TI		I- Lit			Change	☐ Addition
NAME					5.2 NA						_
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					5.4 CI						
TITLE				DELETE	6. 1 1					Change	☐ Addition
1	1										

6.3 STREET ADDRESS

6 4 CHTY - ST - ZIP 14. Ido 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 supplementar annual poport 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 of the receiver of trustee propowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of chapter 607, and address.

SIGNATURED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

STREET ADDRESS

Daytime Phone #