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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	AL REPORT	Secretary of State DIVISION OF CORPORATIONS			Secretary of State				
	MENT # J87763 Of the florida keys, I	, -							
Principal Place of Business 84771 OVERSEAS HWY. ISLAMORADA FL 33036		Mailing Address 84771 OVERSEAS HWY. ISLAMORADA FL 33036-3410			I KETHYO DIDI IDINI 19914 IDAAD ONIDE IIN EIKKI SIDIA ONDU EKKU EIKIT ONDU IDA				
2. Procipal Pl	ace of Business	2a. Mailing Address	·····			3. Date Incorporated or Qualified 08/13/1987 4. FEI Number	1	te of Last R 26/1996	Report
21		26			17-3320637)·- }	ot Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.	. ,,,,,,,,,		- F-1	5. Certificate of Status Desired		\$8.75	Additional equired
City & State		City & State	··			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country Zip Co					8. This corporation has liability for intangible tax under s. 199.032, Ftorida Statutes			
24	9, Name and Address of Curre		[30]			10. Name and Address of New Re			
RICE	, ARNO	7		81	Name				
84771 OVERSEAS HWY.			ŀ	82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
ISLAMORADA FL 33036						· · · · · · · · · · · · · · · · · · ·			
}				83					
			Ī	84	City		FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607 05	02 and 607.1508, Florida Statut	es, the at	pove	named corp	oration submits this statement for the p	urpose of	changing i	ts registered
office or re agent. Lar	egistered agent, or both, in the Stat in familiar with, and accept,the obli	e of Florida. Such change was a gations of, Section 607,0505, Flo	authorized orida Stati	d by otes	the corporat	oration submits this statement for the p ion's board of directors. I hereby accep	t the appx	ointment as	registered
SIGNATURE	arno Rice						4-7	1-97	
	Signature: typed or protect name of registered a	geni and use if applicable (NOT) ND DIRECTORS		Age	nt signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDC AND	DIDECTOL	20 (1) 10
12.	PVP	DELETE	13.	TLF	- 	ADDITIONS/CHANGES TO OFFIC	ENS AND	Change	Addition
NAME	RICE, ARNO			1.2 NAME 1.3 STREET ADDRESS					
STREET ADDRESS	87200 OVERSEAS HWY.								
CHY-S1-ZIP	ISLAMORADA FL	<u> </u>	1.4 City-St-ZiP			77.00			
THEE	ST	DELETE	2.1 717	ſŁĘ				Change	Addition
NAMC	RICE, DEBRA		22 NA						
STREET ADDRESS	87200 OVERSEAS HWY.		1		ADDRESS	4.5			
TEILE	ISLAMORADA FL	☐ DELETE	2.4 C		11-4IP			Change	Addition
NAME		_	3.2 NA					•	
STREET ADDRESS			3.3 ST	REET.	ADDRESS				
CITY+S1-ZIP	· · · · · · · · · · · · · · · · · · ·		3.4. Ci	iTY-S	ST-ZIP				
TITLE	DELETE			4.1 TITLE				Change	Addition
NAME Problemoness				4. 2 NAME 4.3 STREET ADDRESS					
STREET ADDRESS CITY: ST-ZIP		•	4.4 CI						
111(f	, , , , , , , , , , , , , , , , , , ,	DELETE	5.1 717					Change	Addition
NAME			5 2 NA	ME					
STREET ADORESS			5.9 ST	REET	address				ļ
CITY ST ZiF		T burte	5.4 CI		T - ZIP			Channe	Addition -
TITLE		DELETE	6.1 1()		ļ			Change	Addition
NAME Croser about co			6.2 NA		AUUDEGG				
STREET ADDRESS			6.3 \$1	neti	ADDRESS				į

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

SIGNATURE:

305 664-4385

FILED

Apr 10 1997 8:00am