ANN!	PROFIT RPORATION UAL REPORT 1996			B. Mortha	1					
1. Corporation	MENT#   In Name V BUSINESS, INC	<b>&lt;16719</b>	(2)							
Principal Place	e of Business	Mailir	ng Address							
253 YACHT FORT WALT US	CLUB DR TON BEACH FL 32549		) Box 760 PRT Walton Beach	H FL 32549						
						3. Date incorporated or 03/01/1988	Qualified		Las <sup>i</sup> Report 01/1995	
2. Principal Pl	lace of Business	<b>⊢</b>	ailing Address			4. FEI Number		1 001	Applied	
Suite, Apt	#, etc.	<del> </del>	uite, Apt. #, etc.			59-2871988  5. Certificate of Status E	Yasirad		Not App \$8.75 Addition	
City & State	e	27 Ci	ty & State			Certificate of Status E     Election Campaign Fit			Fee Require	<u>d</u>
<b>3</b> Zip	Countr	28		¬ <del> </del>	<del></del> -	Trust Fund Contribution	on		\$5.00 May I Added to Fee	s
4	25	29		30	ntry	8. This corporation has Florida Statutes	iability for in		inder s 199,03;	2,
	9. Name and Addre	ss of Current Register	ed Agent	-	81 Name	10. Name and Address	of New Re	egistered Age	ent	
	AS, ALEX J.			[		ress (P.O. Box Number is Not	Acceptable	<u>a)</u>		
	icht club dr Walton Beach FL :	225.40		-	B3					
I Ontil 1	MALION DEACH FL	32340								
				ŀ	R4 City			т.		
11. Pursuant t	to the provisions of Section	ons 607 0502 and 607 1	508 Elorida Stabuta	o the char	84 City				85 Zip Code	
o og	od agong or boar, in the	ons 607.0502 and 607.19 State of Florida. Such ch tions of, Section 607.050	ande was authorize	o the char	0.0000000000000000000000000000000000000	ration submits this statement and of directors. I hereby accep	for the purp of the appoi			d office am
familiar wit	th, and accept the obliga	tions of, Section 607.050	pange was authorize 5, Florida Statutes.	s, the aboved by the o	e-named corpo orporation's boa	iro of directors. I hereby accep	for the purp of the appoi	pose of changi intrient as reg		d office am
familiar wit SIGNATURE	th, and accept the obligation typed or printed name.	Otato of Florida, Such of	able. (NOT)	s, the aboved by the o	0.0000000000000000000000000000000000000	iro of directors. I hereby accep	ot the appoi	pose of changi intment as reg	ing its registered pistered agent. I	am
familiar wit	th, and accept the obliga  Styriature typed or printed name o	tions of, Section 607.050 of registered agent and little if an Ac FFICERS AND DIRECTO	bbk. (NOT	s, the above d by the co	e-named corpo progration's boar gent signature require	ard of directors. I hereby accepted within reinstating!	ot the appoi	DATE	ing its registered pistered agent. I	am
familiar wit SIGNATURE _ 12.	th, and accept the obligation typed or printed name.	tions of, Section 607.050 registered agont and intel if agrac FFICERS AND DIRECTO	able. (NOT)	s, the above of by the construction of by the construction of the	e-named corpo progration's boar gent signature require	ard of directors. I hereby accepted within reinstating!	ot the appoi	DATE	ing its registered pistered agent. I	am
familiar wit SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	Standard speed or printed name of PST TRINGAS, ALEX	of registered agent and title if any ac FFICERS AND DIRECTO	ange was authorized.  5, Florida Statutes.  NOT.  RS  DELETE	E Registered .  13. 1.1111 1.2 NAI 1.3 STF	e-named corpo proporation's boar gent signature require LE AE EFT ADDRESS	ard of directors. I hereby accepted within reinstating!	ot the appoi	PL   pose of changi intrnent as reg  DATE  DERS AND DIR	ing its registered ing its registered agent. I	am
familiar wit SIGNATURE  12. TITLE NAME STREET ADDRESS	System typed or protect name of PST TRINGAS, ALEX POST OFFICE DIFT. WALTON BEAT	of registered agent and title if any ac FFICERS AND DIRECTO J. RAWER 760 N/A ACH FL	able. (NOT)	E Registered .  13. 1.1111 1.2 NAI 1.3 SIF 1.4 CIT 2.1 HI	e-named corpo proporation's boar gent signature resource LE 4E EFT ADDRESS (~SI-ZIP	ard of directors. I hereby accepted within reinstating!	ot the appoi	PL   pose of changi intrnent as reg  DATE  DERS AND DIR	ing its registered pistered agent. I	am Signature of the state of th
familiar wit SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-SI-ZIP	Systeture typed or printed name of PST TRINGAS, ALEX POST OFFICE DIFT. WALTON BEAT TRINGAS, SUSAN PO BOX 760 N/A	of registered agent and title if any ac FFICERS AND DIRECTO J. RAWER 760 N/A ACH FL	ange was authorized.  5, Florida Statutes.  NOT.  RS  DELETE	E Registered .  13. 1.1111 1.2 NAI 1.3 SIF 1.4 CiT 2.1 Till 2.2 NAI	e-named corpo proporation's boar gent signature resource LE 4E EFT ADDRESS (~SI-ZIP	ard of directors. I hereby accepted within reinstating!	ot the appoi	PL   pose of changi intrnent as reg  DATE  DERS AND DIR	ing its registered agent. I stered agent. I see the se	am dition
familiar wit SIGNATURE  12.  TITLE NAME STREET ADDRESS DITY-S1-ZIP TITLE NAME STREET ADDRESS DITY-S1-ZIP	System typed or printed name of PST TRINGAS, ALEX POST OFFICE DIFT. WALTON BEAT TRINGAS, SUSAN	of registered agent and title if any ac FFICERS AND DIRECTO J. RAWER 760 N/A ACH FL	aut. (NOT. RS DELETE	E Registered .  13. 1.1111 1.2 NAI 1.3 SIF 1.4 CIT 2.2 NAI 2.3 SIF 2.4 CIT	e-named corpo proporation's boat point signature require  LE  AE  EFT ADDRESS  (-ST-ZIP  LE  EEL ADDRESS  (-ST-ZIP	ard of directors. I hereby accepted within reinstating!	ot the appoi	DATE DERS AND DIF	ing its registered agent. I	am justice and the second seco
familiar wit SIGNATURE  12.  TITLE NAME STREET ADDRESS DITY-S1-ZIP HTLF NAME STREET ADDRESS	Systeture typed or printed name of PST TRINGAS, ALEX POST OFFICE DIFT. WALTON BEAT TRINGAS, SUSAN PO BOX 760 N/A	of registered agent and title if any ac FFICERS AND DIRECTO J. RAWER 760 N/A ACH FL	ange was authorized.  5, Florida Statutes.  NOT.  RS  DELETE	E Registered .  13. 1.1111 1.2 NAI 1.3 SIF 1.4 CIT 2.2 NAI 2.3 SIF	e-named corpo proration's boa proration's boa proration's boa proration's boa provided the require  LE  AE  EFT ADDRESS  (-SI-ZIP  LE  EEL ADDRESS  -SI-ZIP  LE	ard of directors. I hereby accepted within reinstating!	ot the appoi	PL   pose of changi intrnent as reg  DATE  DERS AND DIR	ing its registered agent. I	am justice and the second seco
familiar wit SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-S1-ZIP ITTLE NAME STREET ADDRESS CITY-S1-ZIP ITTLE ITTLE ITTLE ITTLE ITTLE ITTLE ITTLE	Systeture typed or printed name of PST TRINGAS, ALEX POST OFFICE DIFT. WALTON BEAT TRINGAS, SUSAN PO BOX 760 N/A	of registered agent and title if any ac FFICERS AND DIRECTO J. RAWER 760 N/A ACH FL	aut. (NOT. RS DELETE	E Registered  13. 1.1111 12.NAI 1.3 SIF 1.4 CIT 2.2 NAI 2.3 SIF 2.4 CIT 3.1111 3.2 NAI	e-named corpo proration's boa proration's boa proration's boa proration's boa provided the require  LE  AE  EFT ADDRESS  (-SI-ZIP  LE  EEL ADDRESS  -SI-ZIP  LE	ard of directors. I hereby accepted within reinstating!	ot the appoi	DATE DERS AND DIF	ing its registered agent. I	am dition
familiar wit SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-S1-ZIP HITLE NAME STREET ADDRESS CITY-S1-ZIP HITLE NAME STREET ADDRESS CITY-S1-ZIP NAME STREET ADDRESS CITY-S1-ZIP	Systeture typed or printed name of PST TRINGAS, ALEX POST OFFICE DIFT. WALTON BEAT TRINGAS, SUSAN PO BOX 760 N/A	of registered agent and title if any ac FFICERS AND DIRECTO J. RAWER 760 N/A ACH FL	DELETE	E Registered .  13. 1.1111 12.NAI 1.3 SIF 1.4 CIT 2.2 NAI 2.3 SIF 2.4 CIT 3.1 TIII 3.2 NAI 3.3 SII 3.4 CIT 3.4 CIT	e-named corporation's boarporation's	ard of directors. I hereby accepted within reinstating!	ot the appoi	DATE DERS AND DIF	ing its registered agent. I	am  P  dition  dition
familiar wit SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-SI-ZIP UITLE NAME STREET ADDRESS CITY-SI-ZIP UITLE NAME STREET ADDRESS STREET ADDRESS	Systeture typed or printed name of PST TRINGAS, ALEX POST OFFICE DIFT. WALTON BEAT TRINGAS, SUSAN PO BOX 760 N/A	of registered agent and title if any ac FFICERS AND DIRECTO J. RAWER 760 N/A ACH FL	aut. (NOT. RS DELETE	E Registered  13. 1.1111 12.NAI 1.3 SIF 1.4 CIT 2.1 III 3.2 NAI 3.3 SII 3.4 CIT 4.1 III	e-named corporation's boarporation's	ard of directors. I hereby accepted within reinstating!	ot the appoi	DATE DERS AND DIF	ing its registered agent. I	am  P  dition  dition
familiar wit SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-SI-ZIP	Systeture typed or printed name of PST TRINGAS, ALEX POST OFFICE DIFT. WALTON BEAT TRINGAS, SUSAN PO BOX 760 N/A	of registered agent and title if any ac FFICERS AND DIRECTO J. RAWER 760 N/A ACH FL	DELETE	E Registered	e-named corporation's boarporation's	ard of directors. I hereby accepted within reinstating!	ot the appoi	DATE DERS AND DIF	ing its registered agent. I	am P dition dition
familiar wit SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-SI-ZIP HITLE NAME STREET ADDRESS CITY-SI-ZIP	Systeture typed or printed name of PST TRINGAS, ALEX POST OFFICE DIFT. WALTON BEAT TRINGAS, SUSAN PO BOX 760 N/A	of registered agent and title if any ac FFICERS AND DIRECTO J. RAWER 760 N/A ACH FL	DELETE  DELETE  DELETE	E Registered	e-named corporation's boarporation's	ard of directors. I hereby accepted within reinstating!	ot the appoi	DATE DERS AND DIF	ing its registered agent. I REC ORS IN 12 Change Add	am P dition dition
familiar wit SIGNATURE _  12.  TITLE NAME STREET ADDRESS CITY-SI-ZIP	Systeture typed or printed name of PST TRINGAS, ALEX POST OFFICE DIFT. WALTON BEAT TRINGAS, SUSAN PO BOX 760 N/A	of registered agent and title if any ac FFICERS AND DIRECTO J. RAWER 760 N/A ACH FL	DELETE	E Registered .  13. 1.1111 12.NAI 13.SIF 14.CIT 2.1111 22.NAI 23.SIF 24.CIT 3.1111 32.NAI 33.SIF 44.CIT 4.11T 42.NAI 43.SIR 44.CIT 5.1111	e-named corporation's boarporation's	ard of directors. I hereby accepted within reinstating!	ot the appoi	DATE DERS AND DIF	ing its registered agent. I REC ORS IN 12 Change Add	am dition Stition
familiar wit SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Systeture typed or printed name of PST TRINGAS, ALEX POST OFFICE DIFT. WALTON BEAT TRINGAS, SUSAN PO BOX 760 N/A	of registered agent and title if any ac FFICERS AND DIRECTO J. RAWER 760 N/A ACH FL	DELETE  DELETE  DELETE	E Registered .  13. 1.1111 1.2 NAI 1.3 SIF 1.4 CIT 2.1 TII 3.2 NAI 3.3 SIF 3.4 CIT 4.1 TIT 4.2 NAI 4.3 SIR 4.4 CITI 5.2 NAI	e-named corporation's boarporation's	ard of directors. I hereby accepted within reinstating!	ot the appoi	DATE DERS AND DIF	ing its registered agent. I REC ORS IN 12 Change Add	am dition Stition
familiar wit  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	Systeture typed or printed name of PST TRINGAS, ALEX POST OFFICE DIFT. WALTON BEAT TRINGAS, SUSAN PO BOX 760 N/A	of registered agent and title if any ac FFICERS AND DIRECTO J. RAWER 760 N/A ACH FL	DELETE  DELETE  DELETE  DELETE	E Registered .  13. 1.1111 1.2 NAI 1.3 SIF 1.4 CIT 2.1 TII 2.2 NAI 2.3 SIF 2.4 CIT 3.1 TII 4.2 NAI 4.3 SIR 4.4 CIT 5.1 TIII 5.2 NAI 5.3 STR 5.4 CIT 5.4 CIT	e-named corporation's boarporation's	ard of directors. I hereby accepted within reinstating!	ot the appoi	DATE DERS AND DIF	ing its registered agent. I REC ORS IN 12 Change Add	am dition dition
familiar wit  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS	Systeture typed or printed name of PST TRINGAS, ALEX POST OFFICE DIFT. WALTON BEAT TRINGAS, SUSAN PO BOX 760 N/A	of registered agent and title if any ac FFICERS AND DIRECTO J. RAWER 760 N/A ACH FL	DELETE  DELETE  DELETE	E Registered  13. 1.1111 1.2 NAI 1.3 SIF 1.4 CIT 2.1 TII 3.2 NAI 3.3 SIF 3.4 CIT 4.1 TII 4.2 NAI 4.3 SIR 4.4 CIT 5.2 TIII 5.2 NAI 5.3 SIR 5.4 CIT 6.1 TIII	e-named corporation's boar proporation's boar propo	ard of directors. I hereby accepted within reinstating!	ot the appoi	DATE DERS AND DIF	ing its registered agent. I REC ORS IN 12 Change Add	am dition dition
familiar wit  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE	Systeture typed or printed name of PST TRINGAS, ALEX POST OFFICE DIFT. WALTON BEAT TRINGAS, SUSAN PO BOX 760 N/A	of registered agent and title if any ac FFICERS AND DIRECTO J. RAWER 760 N/A ACH FL	DELETE  DELETE  DELETE  DELETE	E Registered  13. 1.1111 1.2 NAI 1.3 SIF 1.4 CIT 2.1 TH 2.2 NAI 2.3 SIF 2.4 CIT 3.1 TIT 4.2 NAI 4.3 SIR 4.4 CIT 5.1 TITI 5.2 NAI 5.3 SIR 5.4 CIT 6.1 TITI 6.2 NAI	e-named corporation's boar proporation's boar propo	ard of directors. I hereby accepted within reinstating!	ot the appoi	DATE DERS AND DIF	ing its registered agent. I REC ORS IN 12 Change Add	am dition Stition Sition
familiar wit SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME TREET ADDRESS CITY-SI-ZIP TITLE NAME TREET ADDRESS CITY-SI-ZIP	th, and accept the obliga  Styretize typed or printed name of PST  TRINGAS, ALEX POST OFFICE DEFT. WALTON BEA  T  TRINGAS, SUSAN PO BOX 760 N/A  FT WALTON BEA	of registered agent and trie if agrac FFICERS AND DIRECTO  J. RAWER 760 N/A ACH FL  CH FL	DELETE  DELETE  DELETE  DELETE  DELETE	E Registered	e-named corporation's boarporation's	and of directors. I hereby accepted when renstating.  ADDITIONS/CHANGE	S TO OFFIC	DATE  DATE  CERS AND DIF  C  C  C  C  C  C  C  C  C  C  C  C  C	ing its registered agent. I REC ORS IN 12 Change	am  Addition  Addition  Addition  Addition
familiar wit  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  IAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  IAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  IAME  THE	th, and accept the obliga  Styristize typed or printed name of the obligation obligation of the obliga	on supplied with this filing on this angular report of the supplied with this filing on this angular report of the supplied with this filing on this angular report or	DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	E Registered .  13. 1.1 Till 12 NAI 13 SIF 14 CIT 2 1 Till 22 NAI 23 SIF 24 CIT 3.1 TIII 52 NAI 43 SIR 44 CIT 5 1 TIII 52 NAI 63 SIR 64 CIT 64 CIT 64 CIT 64 CIT 65 NAI 66 SIR 66 CIT 66	e-named corporation's boar proporation's boar propo	ard of directors. I hereby accepted within reinstating!	S TO OFFIC	DATE DERS AND DIF  C  C  C  C  C  C  C  C  C  C  C  C  C	ing its registered agent. I REC ORS IN 12 Change Add Add Add Anage Anage Add Anage Add Anage Add Anage Add Anage Anage Anage Anage Add Anage Ana	am  dition  dition  dition