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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

	1990	DIVISIONO	CONFO	IATIO	13					
DOCUI 1. Corporation	MENT # K237	'33 (4)								
EROL	. M. VURAL, P.A.									
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Principal Place of Business Mailing Address								Dir biffit #10	61811 618(1 1981	
SECON() FLOR PO DRAWER 42										
BARNETT BANK SUMMERLAND KEY FI SUMMERLAND KEY FL 33042 US										
US		••				3. Date Incorporated or Qualified	3a. Date			٦
						05/12/1988	(3/01/19	995	
2. Principal Pla 21	ace of Business	2a. Mailing Address	1						Applied For	
Suite, Apt. 4	t. etc.	Suite Ant # etc	Suite, Apt. #, etc.			Not Applied			Not Applicable	-
22		27	, · · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired		•	Required	
City & State		City & State	City & State			6. Election Campaign Financing		\$5.00	0 May Be	┪
23		28	' 			Trust Fund Contribution			to Fees	
Zip 24	Country	Zip	¬ '			8. This corporation has liability for i		under s	199.032,	
24	9. Name and Address of Curre	29 29 Agent	30	η .		Florida Statutes Yes 10. Name and Address of New R	No Polistered A	pont		_
				81	Name	10. 114 5112 144.1035 01 1100 11	ogisto.co A	gent		\dashv
VURAL	., EROL M.			82	Ot 6 - -	ess (P.O. Box Number is Not Acceptab				_
BARNETT BANK BLDG.				62	Street Addre	ess (P.O. BOX Number is Not Acceptad	ю			
2ND FLOOR - P. O. DRAWER 829				83	2	Tasa Dans				7
SUMM	ERLAND KEY FL 33042			84	City	5050 Overscus J	154 W	85 Zu	Code	┥
				Ш.	Sin	medad key Fe	FL	3	104Z	
or registere	o tric provisions of Sections 607.050 agent, or both, in the State of Flo	rida. Such change was authoriz	es, the abo ed by the	ove-na corpor	med corpora ation's board	tion submits this statement for the pur d of directors. I hereby accept the appo	pose of char pintment as r	iging its re egistered	egistered office agent. I am	3
i	h, and accept the obligations of, Sec	ction 607.0505, Florida Statutes	i.			4	1/2101	•	·	
SIGNATURE Signature typod or printed name of registered agent and tide it applicable. INOTE					signature required	when reinstating)	/3//6.	·- · · · · · · · · · · · · · · · · · ·		ے ا
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	RS IN 12	CR2E034 (12/95)
TITEF	PST VURAL, EROL M.	☐ D€LETE	1, 1 3) Change	Addition	15
NAME	BARNETT BANK BLDG 2N	ID Et		IAME						\\ \\ \\ \
STREET ADDRESS CITY-ST-ZiP	SUMMERLAND KEY FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP							띯
TITLE	D	☐ DELETE	2.11		ZIP			Change	Addition	-15
NAME	VURAL, EROL M.	,	22 N				_			
STREET ADDRESS	BARNETT BANK BLDG 2N	ID FL	2.3 S	TREET AL	DORESS					
CITY-ST-Z:P	SUMMERLAND KEY FL		240	ITY-ST-	ZIP					
TITLE		DELETE	3. 1 7					Change	Addition	1
NAME			3.2 N							
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CITY - ST - ZIP THILE		DELETE	3.4 C 4. 1 T	ITY-ST-	ZIP			Change	Addition	-
NAME		₩ 22. 2.2.2	4.2 N				L	onungo	☐ Addition	
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CITY-ST-ZIF				ITY-ST-						
10LE		☐ DELETE	5 1 1	TITLE				Change	Addition	7
NAME			5 2 N	IAME						
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CITY-ST-ZIP		☐ DELETE		ITY-ST-	ZIP			Charre	FT Address	4
TITLE NAME		T nereie	6 1 1 6 2 N				L	Change	Addition	
STREET ADDRESS			62 N 63 S	iame Theet ac	JUBECC					
CITY-ST-ZIP				HEET AL						
	contifue that the information according		1090		· · · · · · · · · · · · · · · · · · ·	4				

I do 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 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 on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED

4/3/86 (305)745 2144