SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

K57976

(8)

Principal Place of Business Multing Address C/O JOSEPH TELESE, JR. 2581 SW HINCHMAN STREET 2581 SW HINCHMAN STREET PORT ST LUCIE FL 34984-4914 PORT ST LUCIE FL 34984-4914								
PORT ST LUC	1E FL 34984-4314	FOR 1 21 FOOE LE 34304-4314			3. Date incorporated or Qualified 01/12/1989	1	ite of Last Report /20/1995	
2 Principal Pl	ace of Business	2a. Mailing Address				4, FEI Number		Applied For
21		26				65-0093933		Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	١١	\$8.75 Additional
22		27						Fee Required
City & State	9	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
23 Zip	Country	Zip	Co	untry		This corporation has liability for	intendible	
24	25	29	30	,		Florida Statutes	Yes [No
24	9. Name and Address of Currer		1	Γ		10. Name and Address of New Ro	egistered /	Agent
Tri	ESE, JOSEPH JR	<u> </u>		81	Name			
	,ESE, JOSEPH JR 17 S W HINCHMAN ST.			82	Street Ad	Idress (P.O. Box Number is Not Accepta	ess (P.O. Box Number is Not Acceptable)	
	RT ST LUCIE FL				ļ			
	51 2502 12			83	1			
				84	City		FL	85 Zip Code
	(0,	00 CO7 45 00 Florida Ctot	itas than	<u> </u>	l	rporation submits this statement for the p	nurvoso of	changing its registered
agent I a	m familiar with, and accept the oblig-	ations of, Section 607.0505. F	·lorida Sta	utes	i	ation's board of directors. Thereby accept	DATE	
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	··
TITLE	P	☐ DELETE	111	TITLE				Change Addition
NAME	ROESEMANN, WILLIAM			NAME				
Street address	2581 SW HINCHMAN ST.		4		T ADDRESS			
CITY-ST-ZIP	PORT ST LUCIE FL	DELETE		CITY-S Till E	ST - ZIP		-	Change Addition
TITLE	VP			NAME				
NAME STREET ADDRESS	JOSEPH, TELESE J 2594 SE WELSH ST.		1		T ADDRESS			
CITY-ST-ZIP	PORT ST LUCIE FL				ST-ZIP			·
TITLE	TOM OT EGGIE IE			TITLE			I	Change Addition
NAME			32	NAME				
STREET ADDRESS			33	STREE	I ADDRESS			
CITY-ST-ZIP		T T as			SI - ZIP			Change Addition
TITLE		DELETE		TITLE				Change Addition
NAME				NAME	1			
STREET ADDRESS					1 ADDRESS			
CITY-ST-ZIP TITLE		DELETE		4.4 CITY - ST - ZIP 5.1 THTLE				Change Addition
NAME				NAME			,	· _ _
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP					ST-ZIP			
TITLE		DELETE		TITLE				Change Addition
NAME			62	NAME				
STREET ADDRESS			6.3	STREE	: F ADDRESS			
CITY_ST_7IP			6.4	CITY -	ST - ZIP			
14 Ldo boro	by cortily that the information supplie	ed with this filling is voluntarily	Lunished	and	does not a	ualify for the exemption stated in Section	119 07(3)	k), Florida Statules I

roo insertly that the miormation supplied with his annual report or supplierental analysis further certify that the information indicated on this annual report or supplierental 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

JOSEN TELESE 6/17/96 487 (418-222)