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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

K60712

121

1. Corporation	MENT # K607' R & DUNNE GENERAL CO	` '			
Principal Place of Business Mading Address					IIO) OIBN 648N 610N \$10N 610N 614N 614N
% Curtis A. Littman 1855 South Kanner Highway. Suite 6 Stuart Fl 34994		% CURTIS A. LITTMAN 1855 SOUTH KANNER STUART FL 34994			
				3. Date incorporated or Qualified 01/20/1989	3a. Date of Last Report 04/28/1995
	ace of Business	2a. Mailing Address		4. FETN.imber	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		65-0095280	Not Applicable
22	#, etc	27 Stille, April #, 610.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7-p	Country 30	This corporation has liability for in Florida Statutes Yes	ntangible tax under s. 199.032,
	9. Name and Address of Curr		1001	10. Name and Address of New Re	
			81 Name		
LITTMAN, CURTIS A. 1855 SOUTH KANNER HIGHWAY			82 Street Addi	Address (P.O. Box Number is Not Acceptable)	
		•	83		
SUITE 6			63		
STUART FL 34994			84 City		FL 85 Zip Code
familiar wit	ed agent, or both, in the State of Fir th, and accept the obligations of, Se Signal in Special printed name of registers; age	midel Such Change was authoriz- iction 607.0505, Florida Statutes	BOLOV The comporation's boar	ation submits this statement for the purp of of directors. Thereby accept the appo	ntrient as registered agent. I am
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DA'E DERS AND DIRECTORS IN 12
TITLE	TS	☐ DELETE	1 1 TiTLE		☐ Change ☐ Addition
NAME	DUNNE, PAMELA J		1.2 NAME		
STREET ADDRESS	3784 BARBARA DR		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	JENSON BEACH FL PD	[] DELFTE	14 City St-ZiP		
NAME	DUNNE, ALLEN P		2 1 INGE 22 NAME		☐ Change ☐ Addition
STREET ADDRESS	3784 BARBARA DRIVE		2.3 STREET AUDRESS		
CITY - S1 - ZIP	JENSEN BEACH FL		24 O TY - S1 - Z-P		
TITLE		DELETE	3 1 T TLF		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY+ST-ZIP		E'à priett	3 4 CITY - ST - ZIF		
TITLE NAME		☐ DEFE1F	4 1 TITLE		Change 🗀 Addition
STREET ADDRESS			4.2 NAME		
CITY ST-ZIP			4.3 STREET ACORESS 4.4 CITY - ST. Z.P		
INTLE		DELETE	5 1 T ILE		Charge Addition
NAME		_	5.2 NAME		Eur 90 Eur 1 100 100 1
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4.CIFY+S1+ZIP		
TIFLE		□ D€LETE	6 1 TOLE		Change Addition
NAME			5.2 NAME		
STREET ADORESS			6.3 STREE! ADDRESS		
CITY - ST - ZIP			64 611Y - S1 - ZIP shed and does not quality fo		

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 firmade under earth 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: OLLA P. D. Allen P. Dunne SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 692 407 692 4-27-96 5636