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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State FILE DIVISION OF CORPORATIONS

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SECRETARY OF STATE

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Principal Place	of Business	Maili	ng Address	•••		***************************************	1 18810111 101111 10111 111111 11111 11111		i Brek bibik bibik bibik logi
2033 MAIN STREET STE 400 SARASOTA FL 34237		TALLAHASSEE FL 32303							
	111111111111111111111111111111111111111	U	···				Date Incorporated or Qualified     04/03/1989		of Last Report 5/01/1995
2. Principal Place of Business 28 21 26		-·····n	a. Mailing Address				4. FEI Number Applied Fc 65-0112733 Not Applie		
Suite, Apt. ≢	uite, Apt. #, etc. Suite. Apt. #, etc. 27				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		28	ity & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Ζφ <b>24</b>	Gountry 25	29 29	φ	Goun	try		This corporation has liability for in Florida Statutes Yes		under s. 199.032,
	g. Name and Address of (	Current Register	red Agent				10. Name and Address of New R	egistered A	gent
				(	31	Name			
HANKIN, LAWRENCE M. 2033 MAIN ST STE 400		Street Addres	dress (P.O. Box Number is Not Acceptable)						
	OTA FL 34237			ŧ	33				<del></del>
					34	City		FL	85 Zip Code
11. Pursuant to or registere	o the provisions of Sections 60 ed agent, or both, in the State of a lead agent the obligations of	7,0502 and 607.1 of Florida. Such d 4, Septem 607.05	508, Florida Statu hange was authori	tes, the above zed by the co	e-n orpo	amed corporatoration's board	on submits this statement for the purp of directors. I hereby accept the appo	oose of chan intment as re	ging its registered office egistered agent. I am
	i, and accept the obligations o	i, section bortos	uo, riunda Statu <b>te</b>	S.					
SIGNATURE _	Signature, typed or printed name of register	od ago Y and title if appl	icabic. (N	IOTE Registered A	 ภูยาว	t signature required w	hen reinstating)	DATE	
12,	OFFICE	RS AND DIRECTO		13.		***************************************	ADDITIONS/CHANGES TO OFFI		DIRECTORS IN 12
TITLE	D		DELETE	<b>1</b> . 1 TITI	l.F				Change Addition
NAME	MCGREGOR, JAMES		1.2 NAM	1.2 NAME					
STREET ADDRESS	4062 STONELER PLAC	E COURT		1.3 STR	EET A	ADDRESS			
CHY-ST-ZIP	TALLAHASSEE FL			1400	(- S1	1 · 71P			
TOTALE	VP		DEFETE	: 2 1 TITU	.E				Change
NAME	BARNES, GRACE			2.2 NAM	Œ				
STREET ADDRESS	4062 STONELER PLAC	E COURT		2 3 STR	EE1 /	ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL		PT or eve	24 0111		F- ZIP			
TITLE			DELETE	3 1 111			000		Change Addition
NAME				3 2 NAM			-04/30	/960	1021001
STREET ADDRESS				1		ADDRESS		00.00	
CHY-ST-ZIP TITLE			Fileric	3.4.011	~	r-ZIP	••••••		
			DELETE	4. 1 TITL				L	Change Addition
NAME.				4.2 NAV					
STREET ADDRESS						ADDRESS			
CHY-ST-ZIP TITLE			DELETE	4.4 City		I · ZIP			Channe FTI Addition
NAME			I''l writh	5. 1 TITE				LJ	Change Addition
STREET ADDRESS				5.2 NAM		ADODECC			
						ADDRESS			
CITY - ST - ZIP TITLE			DELETE	5.4 CITY 6. 1 TITU		1-711			Change Addition
NAMÉ			الما الماد الما	6.2 NAM				LJ	Onungs ( Auguron)
STREET ADDRESS						ADDRESS			7120
						ADDRESS			7/30/1
CHY-SI-ZIP	certify that the information sur	anlied with this file	o ie voluntarily fun	6.4 CITY			the everyation stated in Section 110.6	17/21/14 Floria	la Statutas I further

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.

GNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OP SUNING OFFICER OR DIRECTOR.

Describe Fixer of 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 and properties on the corporation of 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 or supplemental annual report or supplemental annual report of 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