## 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

1. Corporation	MENT # L411 RIER & DICKINSON REAL	(0)	•				Biðir Biðir á	(1811 A1811 A1811 181
Principal Place of Business 31 OCEAC REEF DRIVE SUITE A-101 KEY LARGO FL 33037		Mailing Address  31 OCEAN REEF DRIVE SUITE A-101 KEY LARGO FL 33037						
		US			<ol> <li>Date Incorporated or Qualified</li> <li>01/09/1990</li> </ol>	1	of Last F	
2, Principal Place of Business		2a. Mailing Address		4. FEI Number		02/14/1	Applied For	
21 31 COBAN REEF DR		26		65-0183075			Not Applicable	
Suite, Apt #, etc.		Suite Apt #, etc		5. Certificate of Status Desired			5 Additional	
City & State		City & State					Required	
23		28	*····		6. Election Campaign Financing			<b>10</b> May Be
Z <sub>i</sub> p Country			Count	·····				
24	25	29	30	,			x under s	199.032,
	9. Name and Address of Currer	nt Registered Agent					Agent	
	_		8	1 Name				
		l	8	2 Street Addr	ress (P.O. Box Number is Not Accepta	tule)		
						1510)		
			83					
MIAMI	Country 2/p Country 2/p Country 8. This corporation has liability for intangible tax under s 199.03  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. S.BISCAYNE BLVD 10. SESCAYNE BLVD 10. Session 10. Section 10		n Codo					
familiar with SIGNATURE	and accept the obligation so Sect	of 607.0505, Florida Statut	es	poradori s rica	ru o Turrectors. Thereby accept the app	pointment as	registered	fagent. Lam
12.	OFFICERS AN					FICERS AND	DIBECTO	IDS IN 12
TITLE		☐ DELETH 1.1						Addition
NAME	DICKINSON, WILLIAM H		1.2 NAM)					CTORS IN 12  nge Addition
STREET ADDRESS			1.3 S7REFT ADDRESS					
CITY-S1-ZIP TITLE	RET LANGU FL	P						
NAME		L_J DELETE	2.1 111(6				] Change	Addition
STREET ADDRESS			2.2 NAME					
CITY-ST-ZIP				-1 ADDRESS				
TITLE		☐ DELETE	2.4 CHY-	*****				
NAME		C.J recent	3 2 NAME	i		L.	] Change	Addition
STREET ADDRESS				E1 ADORESS				
CITY - ST-ZIP			3.4 CITY -					
THILE		DELETE	4 1 TITLE			<del></del>	] Change	Addition
NAME			4.2 NAME			<b>L</b>	1 Orlange	Magnition
STREET ADDRESS			4.3 STREE	LADDRESS				
CITY - ST - ZIP			4.4 City	ST - ZIP				
TITLE		☐ DELETE	5 1 THE				] Change	☐ Addition
NAME			5.2 NAME	ĺ				
STREET ADDRESS			5.3 STREE	LADDRESS				
CITY - ST - ZIP		- Present	5.4 (17.4)					
TITLE		☐ DELETE	6 1 TIŤI E				Change	Addition
NAME STREET ADDRESS			6.2 NAME					
CITY-SI-ZIP				LADDRESS				
0117 1 1 1 2 EF			6.4 CITY -	SIZIP I				

14. 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 organized, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUN 20, 1996 305-367-2336