## 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

L7999

(5)

| Principal Place<br>1111 SO FEI<br>STE 336<br>STUART FL (<br>US  | DERAL HWY  | Mailing Address  1111 SO FEDERAL IN STE 336 STUART FL 34994-384 US                    |  | Date Incorporated or Qualified  | 3a. Date of Last F | Report  |
|---|--|---|--|---|--------------------|---|
| <ul> <li>Explorational Exc</li> </ul>   | ace of Business  | 2a, Mailing Address   |  | <b>06/11/1990 4.</b> FEI Number   | 01/31/19           |   |
| z. mandiparma<br>1  | ext of positioss   | 26 26   |  | 65-0218452  | <b></b>            | Applied For<br>Not Applicable                 |
| Suite, Apt. :   | #, etc   | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired  | T                  | 5 Additional<br>Required                      |
| City & State  | <br>}  | City & State  |  | 6. Election Campaign Financing  | \$5.0              | 00 May Be                                     |
| [i]   |  | 28  |  | Trust Fund Contribution   | ☐ Adde             | ed to Fees                                    |
| Zp Country <b>25</b>  |  | Zip Country 30  |  | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes   ☑ Yes □ No |                    |   |
| '}  | 9. Name and Address of Current F   | I   |  | 10. Name and Address of New F   |                    |   |
| 11. Pursuant t  | 000 EACH GARDENS FL 33410  of the provisions of Sections 607,0502 are adent, or both, in the State of Florida. th, and accept the obligations of, Section            | nd 607.1508, Florida Statut<br>Such change was authori,<br>607.0505, Florida Statutes | es, the above-named corporated by the corporation's boa  | ration submits this statement for the pured of directors. I hereby accept the app                   | FL                 | ip Code<br>registered office<br>d agent. I am |
| SIGNATURE   | Styriotine i type for pricted hearle of regularized agent and  | futie if applicable (Ne   | TE Registered Agent signature require  | d when reinstatings   | DATE               |   |
| 12.   | OFFICERS AND D   |   |  |   | DATE               |   |
| lif:F   | T NVM  |   | 13.  | ADDITIONS/CHANGES TO OFF  | FICERS AND DIRECTO |   |
|   | DVP  | DIRECTORS [] DELETE   | 1. 1 THILE   | <del> </del>  |                    | ORS IN 12                                     |
|   | PARRISH, J. KENNETH JR   |   | 1. 1 THLE<br>1.2 NAME  | <del> </del>  | FICERS AND DIRECTO |   |
| TRELEADORESS  | - **   |   | 1. 1 THILE   | <del> </del>  | FICERS AND DIRECTO |   |
| IAMI<br>JUELT ADORESS<br>DEY - SE - ZUP<br>JULE   | PARRISH, J. KENNETH JR<br>4411 BEACON CIRCLE #4<br>W PALM BEACH FL<br>DPT  |   | 1. 1 HILE 1.2 NAME 1.3 STREET ADDRESS  | <del> </del>  | FICERS AND DIRECTO | ☐ Addition                                    |
| OTHELT ADDRESS  OLY - ST - ZHP  ULF  MANE  OTHELT ADDRESS   | PARRISH, J. KENNETH JR<br>4411 BEACON CIRCLE #4<br>W PALM BEACH FL<br>DPT<br>JOHNSON, THOMAS J.<br>1111 SOUTH FEDERAL HIGHW  | ☐ DELETE  | 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SI-ZIF 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS   | <del> </del>  | FICERS AND DIRECTO | Addition                                      |
| TRELLADORESS<br>DIY-SE-VIP  | PARRISH, J. KENNETH JR<br>4411 BEACON CIRCLE #4<br>W PALM BEACH FL<br>DPT<br>JOHNSON, THOMAS J.  | ☐ DELETE  | 1. 1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 Title 2.2 NAME  | <del> </del>  | FICERS AND DIRECTO | ☐ Addition                                    |
| JUELT ADDRESS DITY STEZIE UILE IAME FREET ADDRESS DITY STEZIE   | PARRISH, J. KENNETH JR 4411 BEACON CIRCLE #4 W PALM BEACH FL DPT JOHNSON, THOMAS J. 1111 SOUTH FEDERAL HIGHW STUART FL S PARRISH, J. KENNETH, JR.                    | □ DELETE □ DELETE   | 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SI-ZIF 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-SI-ZIF   | <del> </del>  | Change             | ☐ Addition☐ Addition☐ Addition                |
| THEFT ADDRESS BITY-ST-ZIP THEF BANE THEFT ADDRESS BITY-SE-ZIP   | PARRISH, J. KENNETH JR 4411 BEACON CIRCLE #4 W PALM BEACH FL DPT JOHNSON, THOMAS J. 1111 SOUTH FEDERAL HIGHW STUART FL S PARRISH, J. KENNETH, JR. 4411 BEACON CIR #4 | □ DELETE □ DELETE   | 1. 1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 Title 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE   | <del> </del>  | Change             | ☐ Addition☐ Addition☐ Addition                |
| THE LEADOFESS BYY STEVE HILE AMME PHEEL ADGRESS BYY SE-ZIP HILE AMME AMME HEEL ADGRESS BY SE-ZIP HILE AMME HEEL ADGRESS   | PARRISH, J. KENNETH JR 4411 BEACON CIRCLE #4 W PALM BEACH FL DPT JOHNSON, THOMAS J. 1111 SOUTH FEDERAL HIGHW STUART FL S PARRISH, J. KENNETH, JR.                    | □ DELETE □ DELETE  'AY, SUITE 336 □ DELETE  | 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP   | <del> </del>  | Change             | Addition  Addition  Addition                  |
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| THE LEADOR ISS.  IT SET YOU  THE FACTOR ISS.  IT SET ADORESS.   | PARRISH, J. KENNETH JR 4411 BEACON CIRCLE #4 W PALM BEACH FL DPT JOHNSON, THOMAS J. 1111 SOUTH FEDERAL HIGHW STUART FL S PARRISH, J. KENNETH, JR. 4411 BEACON CIR #4 | □ DELETE □ DELETE  'AY, SUITE 336 □ DELETE  | 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME  | <del> </del>  | Change             | Addition  Addition  Addition                  |
| THE LEADORESS SHY-SE-ZIP LEF AMME THE ELADORESS ONY-SE-ZIP LEF AMME THE ELADORESS ONY-SE-ZIP LEF  | PARRISH, J. KENNETH JR 4411 BEACON CIRCLE #4 W PALM BEACH FL DPT JOHNSON, THOMAS J. 1111 SOUTH FEDERAL HIGHW STUART FL S PARRISH, J. KENNETH, JR. 4411 BEACON CIR #4 | □ DELETE  AY, SUITE 336 □ DELETE  □ DELETE  | 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE   | <del> </del>  | Change             | Addition  Addition  Addition                  |
| THE LIADOPLISS BLY-ST-ZIP LIGH AMME ARELIADORESS DLY-ST-ZIP LIGH AMME LIGHT ADORESS LIY-ST-ZIP LIGHT LIGHT ADORESS LIY-ST-ZIP LIGHT LIGHT ADORESS LIY-ST-ZIP LIGHT LIGHT ADORESS  | PARRISH, J. KENNETH JR 4411 BEACON CIRCLE #4 W PALM BEACH FL DPT JOHNSON, THOMAS J. 1111 SOUTH FEDERAL HIGHW STUART FL S PARRISH, J. KENNETH, JR. 4411 BEACON CIR #4 | □ DELETE □ DELETE  'AY, SUITE 336 □ DELETE  | 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE   | <del> </del>  | Change             | Addition  Addition  Addition                  |
| THE LEADORESS BLY SEZIVE LIGH AMME ARE LEADORESS DLY SEZIVE LIGH AMME LIGHT ADORESS   | PARRISH, J. KENNETH JR 4411 BEACON CIRCLE #4 W PALM BEACH FL DPT JOHNSON, THOMAS J. 1111 SOUTH FEDERAL HIGHW STUART FL S PARRISH, J. KENNETH, JR. 4411 BEACON CIR #4 | □ DELETE  AY, SUITE 336 □ DELETE  □ DELETE  | 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME  | <del> </del>  | Change             | Addition  Addition  Addition                  |
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| THE LEADORESS BLY SEZIVE LIGH AMME ARE LEADORESS DLY SEZIVE LIGH AMME LIGHT ADORESS   | PARRISH, J. KENNETH JR 4411 BEACON CIRCLE #4 W PALM BEACH FL DPT JOHNSON, THOMAS J. 1111 SOUTH FEDERAL HIGHW STUART FL S PARRISH, J. KENNETH, JR. 4411 BEACON CIR #4 | □ DELETE  AY, SUITE 336 □ DELETE  □ DELETE  | 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME  | <del> </del>  | Change             | Addition  Addition  Addition  Addition        |
| THE LIADOPLISS BITY STEVIN HILF ARMY ARELIADORESS DITY SEZIN HILF ARMY HILF HILF HILF HILF HILF HILF HILF HILF  | PARRISH, J. KENNETH JR 4411 BEACON CIRCLE #4 W PALM BEACH FL DPT JOHNSON, THOMAS J. 1111 SOUTH FEDERAL HIGHW STUART FL S PARRISH, J. KENNETH, JR. 4411 BEACON CIR #4 | DELETE  AY, SUITE 336  DELETE  DELETE   | 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP | <del> </del>  | Change             | Addition  Addition  Addition  Addition        |
| THE LADDELSS HY ST ZIP HEF AME PRELIADORESS HY SE ZIP HEF MMS HEF LADDRESS HY ST ZIP HEF HADDRESS TY-SI-ZP HEF HADDRESS TY-SI-ZP HEF LADDRESS TY-SI-ZP HEF LADDRESS   | PARRISH, J. KENNETH JR 4411 BEACON CIRCLE #4 W PALM BEACH FL DPT JOHNSON, THOMAS J. 1111 SOUTH FEDERAL HIGHW STUART FL S PARRISH, J. KENNETH, JR. 4411 BEACON CIR #4 | DELETE  AY, SUITE 336  DELETE  DELETE   | 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 6.4 CITY-ST-ZIP 6 1 TITLE 6 1 TITLE                                   | <del> </del>  | Change             | Addition  Addition  Addition  Addition        |

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 culti, 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 affactment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 407-286-8762