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

DOCUMENT #

APPROVED AND

97 MAR 20 PM 3: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

KEI	1 h	,		
Principal Place of Business	Mailing Address	W BUND		
2-201 S. BAY BLYD	7:01 S.BA	4 8200		
$m_{ABA} = m_{ABA} m_{ABA} m_{BA} m_$				
34216 ANNA MARIA ISI. 34216		in 151. 1-24 6	3. Date Incorporated or Qualified	3a. Date of Last Report 4 26 95
Principal Place of Business	28. Mailing Address	10	4. FEI Number	Applied For
21 201 Bay Blvd. S.	26 P.O. BO	x 1927		Not Applicable
Sulte, Apt. #, etc. 4	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State		6. Election Campaign Financing	\$5.00 May Be	
23 HANA MARIA, FC	28 /4000 /	Country	7 rust Fund Contribution 4 8. This corporation has liability for inta	Added to Fees
24 \$4216 25 NSA	29 34216 31	···		No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	stered Agent
BI Name MARGUERITE KINAGE S				
MARGNETE KNAGGS B2 Street Address (P.O.			ss (P.O. Box Number is Not Acceptable)	
201.5.B			BAY PO.BOX 1	927
- 1000 SQ1 D-1	•	\		
Anna maria, FL 3	4216	84 CITY NN F	A MARIA ISLAND	FL 85 Zip Code 34216
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its fegistered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
	n 607.0505, Florida Statutes.		9/11/	91
SIGNATURE Signature, typed out inled name of registered agent an	sattlic rapplicable. (NOTE: R	logistered Agent signature recurred v		DATE
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE D, P, S, T	☐ DELETE	1-1111(V,P) R	USSELL M. WH 743 MELALEUM	ITE HURT Addition
MARGUERITE KNAC	045	1.2 NAME 7 5	742 MELALEUCA	DR.
STREET ADDRESS & SIVA.	* 4200	13 STREET ADDRESS	10 L. IDAY, Florida	3/169A
TITLE Anna May 1	DELETE CT	1.4 CITY - ST - ZIP 2.1 TITLE	ION IDAY, FIDRING	Change Addition
	1/2/1/20	2.2 NAME		Change C woulton
STREET ADDRESS	クビンドファー	2.3 STREET ADDRESS	4000021	23 4 246 701047024
CITY-ST-ZIP	34216	2.4 C/1Y-ST-ZIF	-03/25/9	701047024
TITLE	[] DELFTE	3. 1 1/TLE	****	• 15 Change 923 Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY - ST - ZIP		
TITLE	☐ DELETE	4 1 TITLE		Change Addition
NAME		4.2 NAME	•	
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-RIP	(Totaleri	4.4 CITY-ST-ZIP		50.00
TITLE	☐ DELETE	5. 1 TITLE		Change Addition
STREET ADJESSS		5.2 NAME		<i>a.</i>
CITY-ST-ZIP		5.3 STREET ADDRESS		May 1
TITLE	DELETE	5.4 CITY - ST - ZIP 6. 1 TITLE		Change C Addition
NAME	_	G.2 NAME		3-20-00
STREET ADDRESS		6.3 STREET ADDRESS		20 7/
CITY-ST-ZIP		6 4 Crty-St-ZIP		
14. I do hereby certify that the information supplied wi	th this filing is voluntarily furnished	d 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 oath; that I am an officer or director of the corpora	ition or the receiver or trustee en	uporus true and accurate ipowered to execute this i	rand that my signature shall have the sar report as required by Chapter 607, Florid	ne legal effect as if made under a Statutes; and that my name
appears in Block 12 or Block 13 if changed, or on	an attachment with an address.	D		
SIGNATURE: Marques Con Production 1900 1900 1900 1900 1900 1900 1900 190	RINTED NAME OF SIGNAL OFFICER OF	binector	9/11/96	(94) 778-7188 Daytinic Phone #