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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sariora B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

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DOCUM Corporation N SUPERIC	IEN I # M214 Or fire Srinklers, in	C.				
Principal Place of	f Business	Mailing Address		, , , , , , , , , , , , , , , , , , , ,	·	
222 JUPITER S	Т	222 JUPITER ST				
#A JUPITER FL 33458 US		#A Jupiter Fl 33458		Date incorporated or Qualified		oort
		US		10/02/1985	04/18/1995	
2. Principal Plac	se of Rusiness	2a. Mailing Address		4. FEI Number	L	oplied For
1		26		59-2592126		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	S8.75 Additional Fee Required	
2		City & State		6. Election Campaign Financing	\$5.00	May Be
Orty & State		28		Trust Fund Contribution	Added	to Fees
Zip Country <b>25</b>		Zψ	Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No  10. Name and Address of New Registered Agent		199.032,
		29	30			
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New 1	Togica Constant	
			B2 Street Ad	ddress (P.O. Box Number is Not Acceptal	bie)	
RUBLE, DAVID K.			B2 Street Ac	duress (F.O. Dox Harrist Is No. 1 asspect		
222 JUPITER ST #A			83			
JUPITER FL 33458			84 City		FL 85 Zip	Code
SIGNATURE	Supervise it, ped or purited near controlled to OFFICERS	ajerusa nerapi ace (t	The Regularist April 5 gold on ter 13.	ADDITIONS/CHANGES TO OF		RS IN 12
3 ITLE	PST	DELETE	1 1 111 F		Change	Mad John
NAME RUBLE, CHERYLL			1.2 NAME 1.3 STR(E) ADDRESS			
STREET ADDRESS	222 JUPITER ST SUITE A	•	1.4 CIT**-\$T-ZIP			
CHY-S1-ZIP TITLE	JUPITER FL	DELETE	2 1 TIT E		☐ Change	Addition
NAME						
STREET ADDRESS			2.2 NAME			
CITY-ST-ZIP			2.3 STEFFT ADDRESS			Пущен
		Fineren	2 3 STEFFT ADDRESS 2 4 CH (-ST-ZIP		☐ Change	Addition
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NAME		☐ DELETE	2.3 STEFET ADDRESS 2.4 CH (*-ST-ZIP 3.1 THE 3.2 NAME 3.3 STEET ADDRESS 3.4 CHY-ST-ZIP 4.1 THE		☐ Change	
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I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualfy 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 trusted en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or or an attaching it with an address. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR