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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

| 1996  |  | DIVISION OF CORPORATIONS                                  |  |  |   |
|---|--|---|--|--|---|
| DOCUMENT #  | M61049   | (6)   |  |  |   |
| WHO-TO-CALL, IN   | C.   |   |  | ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (  | ica auril mansis dadig dadig dadig dadig dadig dadig  |
|   |  |   |  |  |   |
| Principal Place of Business   | M  | ailing Address  |  |  | ile leit aren aran aran eren aran aran  |
| 8065 142ND ST.<br>PO BOX 982 BUS-ROSELANI<br>SEBASTIAN FL 32958                   | ) FL   | B065 142ND ST.<br>PO BOX 982 BUS-RO<br>SEBASTIAN FL 32958 |  | 3. Date incorporated or Qualified  | 3a. Date of Last Report   |
|   |  |   | ······································                       | 10/20/1987<br>4. FEI Number  | 07/24/1995<br>Applied For   |
| 2. Principal Place of Business  | 2a.<br>26  | . Mailing Address   |  | 65-0012098   | Not Applicable  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                                       |  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required  |
| 2   | 27   | City & State  |  | 6. Election Campaign Financing   | S5.00 May Be  |
| City & State  | 28   | Ony & Charle  |  | Trust Fund Contribution  | Added to Fees   |
| Zip   | Country  | Zip   | Country<br>30  | 8. This corporation has liability for Florida Statutes   | intangible tax under s. 199.032,<br>  |
| 9 Name and  | 29<br>  Address of Current Regis   | stered Agent  | 1301   | 10. Name and Address of New F  |   |
|   |  |   | 81 Name  |  |   |
| PAGAN, JOSEPH C.  |  |   | 82 Street Addr   | ress (P.O. Box Number is Not Acceptat  | ole)  |
| 8065 142ND ST.<br>HM SEBASTIAN FL 3   | 2068-0214  |   | 83   |  |   |
| UM SEDASIMA LE  | 2300-02 14   |   | 84 City  |  | 85 Zip Code   |
|   |  |   |  |  | FL   00   Experience of the control |
|   | of Sections 607.0502 and 60<br>h, in the State of Florida. Suc<br>he obligations of, Section 607 |   |  | ration submits this statement for the purid of directors. Thereby accept the app   | pointment as registered agent. I am   |
| even Latines  |  |   | DTE: Registered Agent signature require                      | and address and a schalable of   | DATE  |
| Signature, typed or pri   | cled name of registered agent and title if<br>OFFICERS AND DIRE                                  | CTORS   | 13.  | ADDITIONS/CHANGES TO OF  | FICERS AND DIRECTORS IN 12  |
| TITLE DPT   |  | DELETE  | 1.1 THE  |  | Change Addition   |
|   | JOSEPH C.  |   | 1.2 NAME   |  |   |
| CEDACTI   | ND STREET  |   | 1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP                        |  |   |
| CITY-ST-ZIP SEDASTII  | AN FL  | DELETE  | 2 1 TITLE  |  | Change Addition   |
| NAME  |  |   | 2 ? NAME   |  |   |
| STREET ADDRESS  |  |   | 2.3 STREET ADDRESS   |  |   |
| CITY-ST-ZIP   |  | DELETE  | 2 4 CiTY - \$1 - ZiP<br>3 1 TiTLE                            |  | Change Addition   |
| TITLE   |  | _ весте   | 3 2 NAME   |  |   |
| NAME<br>STREET ADDRESS  |  |   | 3 3 STREET ADDRESS   |  |   |
| CITY-ST-ZIP   |  |   | 3 4 CITY - S1 - ZIP  |  | Change Addition   |
| TITLE   |  | ☐ DEFEIF  | 4 1 1:1LF<br>. 4 2 N4ME                                      |  |   |
| NAME  |  |   | 4.3 STREET ADDRESS   |  |   |
| STREET ADDRESS  CITY-ST-ZIP   |  |   | 4.4.CITY - ST- ZIP   |  |   |
| TITLE   |  | DELETE  | 5 17111.5  |  | Change Addition   |
| NAME  |  |   | 5 2 NAME   |  |   |
| STREET ADDRESS  |  |   | 53 STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  | DELETE  | 54 CHY-ST-ZIP<br>6 1 TITLE                                   |  | Change Addition   |
| TITLE   |  | <u> </u>  | 62 NAME  |  |   |
| STREET ADDRESS  |  |   | 6 3 STREET ADDRESS   |  |   |
| CITY-ST-ZIP   |  | de films in the test of the                               | 6 4 CITY - ST - ZIF  | for the exemption stated in Section 11   | 9.07(3)(k), Florida Statutes. I further   |
| <ol> <li>I do hereby certify that the<br/>certify that the information</li> </ol> | e information supplied with the<br>indicated on this annual rep                                  | nis filing is voluntarily fu<br>nort or supplemental ar   | misned and does not qualify<br>inual report is true and accu | for the exemption stated in Section 11 rate and that my signature shall have the life report as required by Chapter 607. | ne same legal effect as if made under<br>Florida Statutes; and that my name   |
| eath: that Lam an officer   | or director of the corporation   | or the receiver of trust                                  | ties emplowered to execute t                                 | mare porters required by one pro-  |   |
|   | Donal 6  | I pent.   | JORDAH A   | VALAS 7-2  | 0-96  |
| SIGNATURE:  | SCHATURE AND TYPED OR PRINT  | TED NAME OF SIGNING OFFI                                  | CER OR DIRECTOR  | PAGAN 3-2  | Claytime Phone II   |
| ,   | , ,  | //  |  |  |   |