

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
7/10
1995

25 MAY -1 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M99663** (0)

1. Corporation Name
SWEETWATER TRAVEL, INC.

Principal Place of Business: **805 DOUGLAS AVE STE. 161 ALTAMONTE SPRGS FL 32714 US**
Mailing Address: **805 DOUGLAS AVE STE. 159 ALTAMONTE SPRGS FL 32714 US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: **09/21/1988**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: 21. 1051 Douglas Avenue	2a. Mailing Address: 26. 1051 Douglas Avenue	4. FEI Number: 59-2913500	Applied For: Not Applicable
State Apt. # etc: 22. Altamonte Springs,	State Apt. # etc: 27. Altamonte Springs,	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State: 23. Florida 32714	City & State: 28. Altamonte Springs, FL	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip: 24. 32714	Zip: 29. 32714	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent: VU, HOA MAI 805 DOUGLAS AVE STE 161 ALTAMONTE SPRGS FL 32714	10. Name and Address of New Registered Agent: 81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 1051 Douglas Avenue 83. Altamonte Springs, Florida 32714 84. City: FL 85. Zip Code:
---	---

11. Pursuant to the provisions of Sections 607.0402 and 607.1304, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered 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 607.0404, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
FILE: DPT	1. FILE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: VU, HOA MAI	1. NAME: 1051 Douglas Avenue
STREET ADDRESS: 805 DOUGLAS AVE STE 161	1. STREET ADDRESS: 1051 Douglas Avenue
CITY & STATE: ALTAMONTE SPRGS FL	1. CITY & STATE: 1051 Douglas Avenue
FILE: S	2. FILE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: VU, HAN MAI	2. NAME: 1051 Douglas Avenue
STREET ADDRESS: 805 DOUGLAS AVE STE 161	2. STREET ADDRESS: 1051 Douglas Avenue
CITY & STATE: ALTAMONTE SPRGS FL	2. CITY & STATE: 1051 Douglas Avenue
FILE: V	3. FILE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: VU, HONG MAI	3. NAME: 1051 Douglas Avenue
STREET ADDRESS: 805 DOUGLAS AVE STE 161	3. STREET ADDRESS: 1051 Douglas Avenue
CITY & STATE: ALTAMONTE SPRGS FL	3. CITY & STATE: 1051 Douglas Avenue
FILE: AT	4. FILE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: XIA PRUNGGIA	4. NAME: 1051 Douglas Avenue
STREET ADDRESS: 805 DOUGLAS AVE STE 161	4. STREET ADDRESS: 1051 Douglas Avenue
CITY & STATE: ALTAMONTE SPRGS FL	4. CITY & STATE: 1051 Douglas Avenue
FILE: 	5. FILE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: 	5. NAME:
STREET ADDRESS: 	5. STREET ADDRESS:
CITY & STATE: 	5. CITY & STATE:
FILE: 	6. FILE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: 	6. NAME:
STREET ADDRESS: 	6. STREET ADDRESS:
CITY & STATE: 	6. CITY & STATE:

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am duly qualified for the position stated in Sections 119.07(1)(b), Florida Statutes. I further certify that the information included 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 owner or holder of 10 percent or more of the report as required by Chapter 141, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am an individual with an address:

SIGNATURE: *[Signature]* 4/28/95 (407) 682-7707
 DIVISION OF CORPORATIONS NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
CORPORATIONS

DOCUMENT # **NO0306** (3)
1. Corporation Name
NORTH MIAMI MIDDLE COMMUNITY SCHOOL BAND-AIDES, INC.

Principal Place of Business Mailing Address
**C/O FREDDIE F. PITTMAN, SR.
13105 N.E. 7TH AVE.
NORTH MIAMI FL 33161**

APPROVED
MAY 10 1995
MAY 10 9:25
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/13/1983** 3a. Date of Last Report **03/15/1994**

4. FEI Number **59-2404595** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **c/o Louis Allen** 26 **c/o Louis Allen**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**PENA, ANA
511 N.W. 153 STREET
NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 registered 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.

SIGNATURE: Ana Pena **Ana Pena - Band Director** 4-10-95
(Signature and typed or printed name of signing officer or director) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME BROWN, VERONA STREET ADDRESS 1422 N.E. 146TH ST. CITY, ST, ZIP N MIAMI FL	11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME Valle, Celeste 13 STREET ADDRESS 1820 Hibiscus Drive , Keystone Point 14 CITY, ST, ZIP North Miami, FL.
TITLE V	NAME BANKS, RUTH STREET ADDRESS 13550 N.E. 10TH AVE., APT. 7 CITY, ST, ZIP N MIAMI FL	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP
TITLE S	NAME VALLE, CELESTE STREET ADDRESS 1820 HIBISCUS DR. - KEYSTONE PT. CITY, ST, ZIP N MIAMI FL	31 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME Cannon, Antoinette 33 STREET ADDRESS 755 N.E. 145 st. 34 CITY, ST, ZIP North Miami, FL. 33161
TITLE T	NAME EDMAN, ANN STREET ADDRESS 795 NE 146 ST CITY, ST, ZIP N MIAMI FL	41 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME Monical, Susan 43 STREET ADDRESS 1355 N.E. 138 st. 44 CITY, ST, ZIP North Miami, FL. 33161
TITLE D	NAME ALLEN, LOUIS STREET ADDRESS 13105 N.E. 7TH AVE. CITY, ST, ZIP NORTH MIAMI FL	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP
TITLE D	NAME PENA, ANA STREET ADDRESS 13105 NE7TH AVENUE CITY, ST, ZIP N. MIAMI FL	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP

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 119.076(9)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ana Pena **Ana Pena - Band Director** 4-10-95 891-5611/219
(Signature and typed or printed name of signing officer or director) (Date)

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara H. McMurtry
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **N00594** (4)

MAY - 1 AM 9:30

**THE FIRST FLORIDA CHAPTER OF THE MILITARY VEHICLE
PRESERVATION ASSOCIATION, INC.**

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE	
2232 SMILEY AVE WINTER PARK FL 32792		2232 SMILEY AVE WINTER PARK FL 32792		3. Date Incorporated or Qualified 12/27/1983	3a. Date of Last Report 04/29/1994
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2362278	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>		\$68.75 Supplemental Fee Not Required	
24	25	29	30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BYERS, ALAN 734 TIMOR AVE ORLANDO FL 32804				81 Name	ARNOLD H. STEFFNY		
				82 Street Address (P.O. Box Number is Not Acceptable)	3901 14TH ST. NE		
				83			
				84 City	ST. PETERSBURG	FL	85 Zip Code

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 registered 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.

SIGNATURE: *Arnold H. Steffny* DATE: 4-28-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDD	11 TITLE	P.D.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAGROSA, JOHN B SR.	12 NAME	ARNOLD H. STEFFNY
STREET ADDRESS	76 YACHT CLUB PLACE	13 STREET ADDRESS	3901 14TH ST. NE
CITY, ST, ZIP	TEQUESTA FL	14 CITY, ST, ZIP	ST PETERSBURG FL 33703
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, STEPHAN	22 NAME	
STREET ADDRESS	6031 ARDELE CT.	23 STREET ADDRESS	
CITY, ST, ZIP	APOPKA FL	24 CITY, ST, ZIP	
TITLE	TD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYERS, ALAN T.	32 NAME	
STREET ADDRESS	734 TIMOR AVE	33 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	34 CITY, ST, ZIP	
TITLE	ED	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, FRED	42 NAME	
STREET ADDRESS	5220 S.W. 109TH AVE.	43 STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL	44 CITY, ST, ZIP	
TITLE	SD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKENZIE, RICHARD	52 NAME	
STREET ADDRESS	3053 BAY TREE DRIVE	53 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Arnold H. Steffny* ARNOLD H. STEFFNY DATE: 4-28-95 (813) 527-9532

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

05 MAY -1 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara D. Whitman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00671 (O)**
1. Corporation Name
**MARTIN AND ST. LUCIE COUNTY ALLIANCE FOR MENTAL
Y ILL. INC.**

Principal Place of Business: 2454 NE DIXIE HWY
JENSEN BEACH FL 34957

Mailing Address: 2454 NE DIXIE HWY
JENSEN BEACH FL 34957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/29/1983**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2444160**

Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21

2a. Mailing Address: 26

22 Suite, Apt #, etc

27 Suite, Apt #, etc

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BOLL, WILLIAM
10979 WETLAND WAY
JENSEN BCH FL 34957

10. Name and Address of New Registered Agent

81 Name: **Patrick J. O'Brien**

82 Street Address (P.O. Box Number is Not Acceptable): **9940 So. Ocean Dr #603**

83

84 City: **Jensen Beach, FL**

85 Zip Code: **34957**

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 registered 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.

SIGNATURE: Patrick J. O'Brien - (President) DATE: 4/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	11 TITLE	Barbara Brakel, VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OBRIEN, PATRICK	12 NAME	
STREET ADDRESS	9940 S. OCEAN DR., #603	13 STREET ADDRESS	1033 E. 14th St
CITY, ST, ZIP	JENSEN BCH, FL	14 CITY, ST, ZIP	Stuart, Fl. 34995
TITLE	D	21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIVIKOSKI, URHO	22 NAME	Jean Ralicki
STREET ADDRESS	12863 S INDIAN RIVER DR.	23 STREET ADDRESS	P.O. Box 25025
CITY, ST, ZIP	JENSEN BCH, FL	24 CITY, ST, ZIP	Stuart, Fl 34995
TITLE	D	31 TITLE	Trea <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUMMERS, DONNAO	32 NAME	Nancy Hill
STREET ADDRESS	413 SE GASPARILLA AVE.	33 STREET ADDRESS	1535 St. Lucie Blvd
CITY, ST, ZIP	PT. ST. LUCIE FL	34 CITY, ST, ZIP	Stuart, Fl 34994
TITLE	DVP	41 TITLE	Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE, ROBERT	42 NAME	Charles Cassidy
STREET ADDRESS	1450 SE BREWSTER PLACE	43 STREET ADDRESS	18272 SE Cassia Lane
CITY, ST, ZIP	STUART FL	44 CITY, ST, ZIP	Tequesta, Fl 33469
TITLE	DS	51 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEFERT, BETTY	52 NAME	Betty Seifert
STREET ADDRESS	333 SW TULIP BLVD.	53 STREET ADDRESS	333 Sw Tulip
CITY, ST, ZIP	PORT ST. LUCIE FL	54 CITY, ST, ZIP	Port St. Lucie, FL
TITLE		61 TITLE	D - Donna Summers <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	413 SE Gaspareilla
STREET ADDRESS		63 STREET ADDRESS	Port St. Lucie, Fl 34983
CITY, ST, ZIP		64 CITY, ST, ZIP	

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)(g), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patrick J. O'Brien DATE: 4/27/95 (407-229-8824)

SIGNATURE AND FILED OR PRINTED NAME OF BOARD OF FILED OR DIRECTOR: Patrick J. O'Brien, Pres.

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
 ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Murphree
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N01320 (3)
 1. Corporation Name
OAKS CLUB CORPORATION

Principal Place of Business Mailing Address
**301 MAC EWEN DR
 OSPREY FL 34229
 US** **301 MAC EWEN DR
 OSPREY FL 34229
 US**

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 25 29 Zip 30 Country

APPROVED
 MAY - 1 AM 9:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified **02/08/1984** 3a. Date of Last Report **05/01/1994**
 4. FEI Number **59-2369514** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**THOMPSON, DAWN
 301 MAC EWEN DR
 OSPREY FL 34229**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 registered 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.

SIGNATURE
 (Signature, typed or printed name of registered agent and title if applicable) (Signature) (Typed Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVOLTA, PIERO	12 NAME	
STREET ADDRESS	301 MAC EWEN DR	13 STREET ADDRESS	
CITY, ST, ZIP	OSPREY FL	14 CITY, ST, ZIP	
TITLE	T	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, DAWN	22 NAME	
STREET ADDRESS	301 MAC EWEN DR	23 STREET ADDRESS	
CITY, ST, ZIP	OSPREY FL	24 CITY, ST, ZIP	
TITLE	S	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOKEN, BERND	32 NAME	C MARK CONNELLY
STREET ADDRESS	916 MACEWEN DRIVE	33 STREET ADDRESS	301 MACEWEN DR
CITY, ST, ZIP	OSPREY FL	34 CITY, ST, ZIP	OSPREY, FL. 34229
TITLE	S	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELLY, ROD	42 NAME	
STREET ADDRESS	301 MAC EWEN DR	43 STREET ADDRESS	
CITY, ST, ZIP	OSPREY FL	44 CITY, ST, ZIP	
TITLE	D	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, DENNIS	52 NAME	D James Murphy
STREET ADDRESS	301 MAC EWEN DR	53 STREET ADDRESS	301 MACEWEN DR
CITY, ST, ZIP	OSPREY FL	54 CITY, ST, ZIP	OSPREY, FL. 34229
TITLE	D	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, G.	62 NAME	D Richard Storm
STREET ADDRESS	301 MAC EWEN DR	63 STREET ADDRESS	301 MACEWEN DR
CITY, ST, ZIP	OSPREY FL	64 CITY, ST, ZIP	OSPREY, FL. 34229

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)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dawn Thompson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR