FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N02481

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Principal Place of Business Mailing Address					.,		•••		I HEELKIOT ON BENYONIENE BREDN TERET	MAH BABA BIL		1914 61911 B1011 1981
140 INTRACOASTAL POINTE DRIVE SUITE 403				140 INTRACOASTAL POINTE DRIVE SUITE 403								
JUPITER FL 33477				JUPITER FL 33477			3. Date Incorporated or Qualified					
				2a. Mailing Address				4. FEI Number			Applied For	
21 140 INTRACOASTAL POINTE DR 26 1							59-2438293			Not Applicable		
Suite, Apt. #, etc. 22 SUITE 305				Suite, Apt. #, etc. 27 SUITE 305			5. Certificate of Status Desired	Fee Required				
City & State JUPITER, FLORIDA			28					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zp 	,	Country		Zip Cou 29 33477 30			'		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes □ No			
24 33477		25 and Address of Currer	29		30	т		i	Florida Statutes 10. Name and Address of New Re			
 	ş, Name	and Address of Curre	it nogia	nered Agent		81	Name		IV. Name and Address of New No	gratered :	-gont	
COLET	HUMBE D	•										
COLE, THOMAS D. 140 Intracoastal Pointe Drive				-		82			ss (P.O. Box Number is Not Acceptable PRACOASTAL POINTE DR			'
SUITE 4		AL I OMIL DIME				83	140	4114	TOTAL PROPERTY OF THE PROPERTY			
	FL 33477	,				84	SUI	re 3	305		Test	Zip Code
						104	JUP:	ITER	2	FL		33477
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. 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 617.0503, Florida Statutes.												
SIGNATURE _												
12.	Signature, typeo	or printed name of registered ager OFFICERS AN		 	OTE Register		nt signature re	quired w	then reinstating) ADDITIONS/CHANGES TO OFFIC	DATE SERS AND	DIREC	TORS IN 12
TITLE	PD	OTTOLING AN	UINC	Ø DELETE		TITLE		PD	ADDITIONS CHANGES TO CITY		Chang	
NAME		, JEROME				NAME		JOH	INSON, RANDY K.			
STREET ADDRESS	AAA 341 (138343) (FALS) (SALS)						I ADDRESS		3965 INVESTMENT LANE			
CITY-ST-ZIP	JUPITE				1.4	CITY - S	ST-ZIP	RIV	VIERA BEACH, FL			
T!TLE	VD			X) DELETE	2.1	TITLE		٧D			🔀 Chang	e 🔲 Addition
NAME	JOHNSON, RANDY K.				2 2 NAN			HAGER, DEBBIE				
STREET ADDRESS	RESS 3965 INVESTMENT LANE				STREET	r address	250	TEQUEST' DRIVE				
CiTY-ST-ZIP	RIVIERA BEACH FL			felos ere	2 4 01			TEC	DUESTA, FL 33469			A 114
TITLE	TD	TUO! 44.0. D		DELETE	1	TITLE				l	Chang	e 🔲 Addition
NAME	COLE, THOMAS D. 140 INTRACOASTAL PTE. DRIVE #403			400	1	3.2 NAME 3.3 STREET ADDRESS						
STREET ADDRESS City-St-Zip	JUPITE		11VE #	403		STREET CITY-:						
TITLE	SD	N I L		DELETE		TITLE	51-21r		•	1	Chang	e 🗍 Addition
NAME		LUM, DENNIS				NAME						
STREET ADDRESS		RIDGE ROAD					T ADDRESS					
CITY-ST-ZIP	TEQUE			<u> </u>		CITY-S	- 1					
TITLE				DELÉTE	5.1	TITLE					Chang	e 🔲 Addition
NAME					5.2	NAME						
STREET ADDRESS					53	STREET	T ADDRESS					
CITY-ST-ZIP						CITY-S	ST-ZIP					
TITLE				DELETE		TITLE				į	Chang	e 🔲 Addition
NAME						NAME						
STREET ADDRESS							T ADDRESS					
14. Ldo hereb	v certify that	the information supplied	with this	s filino is voluntarily furr		CITY-S		lify for	the exemption stated in Section 119.0	7(3)(k). Fig	rida Sta	tutes. I further
certify that	the informa	tion indicated on this and	ual reno	rt or supplemental and	ual reco	t is tri	ue and ac	curate	and that my signature shall have the s	ame legal	effect a	s if made under

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 coractation 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 dipanged or on an attachment with an address.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/28/86

407 - 747 - /040 Daytimie Phone # HZE03/ (12/85)