FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

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	1990	00 MF 14	BIVIOIGIVO	CON CHANCI	43			
DOCU 1. Corporatio	MENT # NO	02980	(3)	, ,	,	_		
COVE	NTRY PLACE CONE	O22A MILINIMOC	CIATION INC					
00161	THE PEACE COME	JOHIII AGGO	CIATION, INC	•			Ang asan nang njan na	II Nanii Ninti nani
Principal Place	e of Business	Mailin	ig Address			i immittat mit matta timim ikifit ikiti	. NOSE NIDIT NIDIT DINIT DIN	et midit Alait 1981
			I N. OCEAN BLVE. AN RIDGE FL 3343:	5				
						3. Date Incorporated or Qualified 05/09/1984	3a. Date of Las 06/20/	
	face of Business	2a. M	ailing Address			4. FEI Number -59-2419980- 65-0	7200227	Applied For
Suite, Apt.	#. etc.	.`J	uite, Apt. #, etc.			-03 E413300 W.S - 0		Not Applicable
22	,	27	310, 1450 11, 000.			5. Certificate of Status Desired	1 1 '	5 Additional Required
City & State	е	Ci	ty & State			6. Election Campaign Financing	\$5.0	00 May Be
23		28				Trust Fund Contribution		ed to Fees
Zip 24	Country 25	Z ₁	ρ	Country		8. This corporation has liability for i		s. 199.032,
24		29 s of Current Register	ed Agent	30		Florida Statutes 10. Name and Address of New R	Yes No	
				81 1	Name		egistered Agent	 -
BELLO,	GARY			82	CAN	ITER, CARL ss (P.O. Box Number is Not Acceptab	1	
5101 N OCEAN BLVD.					511	.1C N. Ocean Blvd	le) L	
OCEAN	RIDGE FL 33431			83				
				84	Dity		0E 7	in Code
44 5		·			Oce	an Ridge	FL 85 Z	1p Code 33435
or register	to the provisions of Section red agent, or both, in the S	ns 617.0502 and 617.19 State of Florida. Such ch	508, Florida Statute Iange was authorize	is, the above-nan ed by the corpora	ned corporat ation's board	tion submits this statement for the pur of directors. Thereby accept the appo	pose of changing its	registered office
	ith, and accept the obligation	ons of, Section 317.050	3. Frida Statutes.	10.16		Parile 1	and the register of	a agont rum
SIGNATURE .	Signature, typed or printen name of	registered agent and title if auchi	I CO	E Ringistered Agent sig	nter	President	To a 7 L	
12.	OF	FICERS AND DIRECTO	A	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12
TITLE	PD		DELETE	1 : TITLE	PD		☐ Change	ORS IN 12
NAME	BELLO, GARY			1.2 NAME	CA	NTER, CARL		[]
STREET ADDRESS	5101 N. OCEAN BL	VD.		1.3 STREET ADI	DRESS 51	11C N. OCEAN BLV	D.	
CITY-ST-ZIP TITLE	OCEAN RIDGE FL VD		DELETE	1.4 CrTY-\$1-Z	TP OC	EAN RIDGE, FL 3	3435	
NAME	NACARATO, PETER	ı	Dreceie	2.1 TITLE			☐ Change	Addition C
STREET ADDRESS	5109 C. N. OCEAN			2.2 NAME	00000			
CITY-ST-ZIP	OCEAN RIDGE FL	DEVO.		2.3 STREET ADD 2.4 CHY - ST - 2	·			
TITLE	SD		DELETE	3.1 TITLE			Change	X Addition
NAME	GOLDSTEIN, BRETT	•	•	3 2 NAME) DLDSTEIN, HELEN		المرادة المر
STREET ADDRESS	5109 N OCEAN BLV	/ D		3 3 STREET AD	DRESS 51	09F N. OCEAN BLV	יD	
CITY-ST-ZIP	OCEAN RIDGE FL	1110-14404		3.4. CITY - ST - 7		EAN RIDGE, EL 3		
TIFLE	TD		DEFELE	4 1 TITLE	TD		☐ Change	Addition
NAME	HUDLETT, JEANNE			4 2 NAME	CR	AWLEY, LOYD		
STREET ADDRESS	5105 N OCEAN BLY	/U		4.3 STREET ADE	71	07B N. OCEAN BLV	'D	
CITY-ST-ZIP TITLE	OCEAN RIDGE FL D		▼)DELETE	4.4 C·TY-ST-7	P OC	EAN RIDGE, FL 3	3435	
NAME	HOPKINS, JOHN		(A) OLCCIL	5.1 TITLE 5.2 NAME	D D		Change	X Addition
STREET ADDRESS BEE BEE MEDICAL 4800 N FED HWY #104A			5.2 NAME 5.3 STREET ADD		OHN HANSON, JR			
CITY-ST-ZIP	BOCA RATON FL			5 4 CITY - ST - Zi	T.	4014-B SULLYFIELD		
TITLE			DELETE	6 1 TITLE	·	HANTILLY, VIRGIN	IA 22021 []Change	Add-tion
NAME				6.2 NAME				
STREET ADDRESS				6.3 SFREET ADD	DRESS			
CITY-ST-ZIP	4'4 sha 2'			6 4 CITY - ST - ZI	IP .			
14. I do hereb	y certify that the informatio	n supplied with this film	g is voluntarily furnis	shed and does no	ot qualify for	the exemption stated in Section 119.0	7(3)(k), Florida Statu	tes. 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 the attachment with an address.

GNATURE:

CONTROLL REPORT OF THE CONTROLL REPORT OF T

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96 407-276-6474