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NONPROFIT CORPORATION ANNUAL REPORT



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

1996
DOCUMENT #

N11890

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27 City & State 29 Country 29 Country 29 State 29		#. etc.						39-2012/09			
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Zep	23		28						□		
28		Country	Zip	Cour	ntry			8. This corporation has liability	for intangible to		
CEU.O, ALBERT D ESQUIRE 976 BREVARD AVE, SUITE A ROCKLEDGE FL 32955 82 Street Address (P.O. Box Number is Not Acceptable) 83 4	24			30							
CEUO, ALBERT D ESQUIRE 978 BREVARD AVE, SUITE A ROCKLEDGE FL 32955 83 84		9. Name and Address of Curren	t Registered Agent					10. Name and Address of Ne	w Registered	Agent	
BY BREVARD AVE., SUITE A ROCKLEDGE FL 32955 84					81	Name					
ROCKLEDGE FL 32955						Street	Address	(P.O. Box Number is Not Accep	otable)		
B4											
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 diffice 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 diffice familier with, and accept the obligations of Section 617.0503. Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered diffice familier with, and accept the obligations of Section 617.0503. Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered diffice familier with a province of changing its registered diffice familier with a province of changing its registered diffice familier with a province of changing its registered diffice familier with a province of changing its registered diffice. In the section of the purpose of changing its registered diffice or province of changing its registered diffice. I among the province of changing its registered diffice. In the section of the purpose of changing its registered diffice. I among the province of corporation's board of directors. I hereby accept the appointment as registered diffice. In the section of the purpose of changing its registered diffice. In the section of the purpose of changing its registered diffice. In the section of the purpose of changing its registered diffice. In the section of the purpose of changing its registered diffice. In the section of the purpose of changing its registered diffice. In the section of the purpose of changing its registered diffice. In the purpose of changing its registered diffice. In the section of the purpose of changing its registered diffice. In the section of the purpose of changing its registered diffice. In the purpose of changing its registered diffice. In the section of the purpose of changing its registered diffice. In the purpo	ROCKLE	EDGE FL 32955			83						
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SIGNATURE	Or register	ed agent, or both, in the State of Floric	ia. Such change was authoriz	au uv the c	re ni orpc	amedico pration's	orporatio board o	n submits this statement for the f directors. I hereby accept the a	purpose of cha appointment as	anging its r registered	egistered office
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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 poever or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, I further oath; that I am an officer or director of the corporation or the poever or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, I further oath; that I am an officer or director of the corporation or the poever or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, I further oath, that I am an officer or director of the corporation or the poever or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, I further oath, that I am an officer or director of the corporation or the poever or trustee empowered to execute this report as required by Chapter 617, Florida Statutes. I further oath, that I am an officer or director of the corporation or the poever or trustee empowered to execute this report as required by Chapter 617, Florida Statutes. I further oath, that I am an officer or director of the corporation or the poever of trustee empowered to execute this report as required by Chapter 617, Florida Statutes. I further oath that I am an officer or director of the corporation of the poever of trustee empowered to execute this report of the corporation of the poever of trustee empowered to execute this report of the corporation of the poever of trustee empowered to execute this report of the corporation of the corporation of the poever of trustee empowered to execute this report of the corporation of the poever of trustee empowered to execute this report of the corporation of the

SIGNATURE:

PRUMEUN MUSS ED NAME OF SIGNING OFFICER OR DIRECTOR resident 5/8/96

0 636-505 Daytime Phone # CR2E037 (12/95)