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 # N14903

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Principal Place of Business		Mailing Address				i iiki digii dibi		0(0()				
333 N COCO	A BEACH CS	γγ		333 N. COCOA BEAC	CH CSW1	,						
SUITE A				SUITE A								
COCOA BEAC	CH FL 32953			COCOA BEACH FL 32953 US			Date Incorporated or Qualified	3a. Da	te of Last	Report		
50				03					05/13/1986	(	06/13/19	995
2. Principal Pl	ace of Busine	SS	2	2a. Mailing Address				4. FEI Number			Applied For	
21			26	1				<b>59-2462598</b> Not Applicable				
Suite, Apt.	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired					
City & State	ė			City & State			6. Election Campaign Financing		\$5.0	O May Be		
23			28				Trust Fund Contribution			d to Fees		
Zip	}	Country	_	Zip 1		Country	The desperation floor addition in a flooring to		_ ~ _			
[24]	24 25 29 29 9. Name and Address of Current Registered				30	30			Florida Statutes  10. Name and Address of New R	Yes [		
	<b>3</b> . 1401110		ourroin, riog	otorou Agont		81	IN	Name	10. Hame and Address of Non A	ogistored ,	.gent	
PEEPI ES	S JAMES V	/ 10				82	١,	Otront Advisor	s (P.O. Box Number is Not Acceptab	le)		
PEEPLES, JAMES W., III 505 NORTH ORLANDO AVE.						62		Street Addres	s (F.O. Box Number is Not Acceptac	ie)		
	BEACH FL					83	1					
						84	1 0	City	<del></del>		85 Zir	Code
								,		FL		
or register	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 ,	Standura tunada	r printed name of register	ad about and like	if anoticat to	MOTE Bug	istarad Agar	nt ex	gnature required w	han minelations	DATE		
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14. I do hereb	L by certify that	the information sur	oplied with the	is filing is voluntarily for	urnished	and doe	s n	ot qualify for	the exemption stated in Section 119.	07(3)(k). Flor	ida Statut	es. I further
certify tha	t the informat	on indicated on th	is annual reco	ort or supplemental a	nnual red	port is tru	ue a	and accurate	and that my signature shall have the	same legal (	effect as if	made under

4. To hereby certify that the information supplies with risk limits killing is voluntarily furnished and obes not quality for the exemption stated in Section 119.07(3)(K). Florida Statutes, Furnier certify that the information indicated on this annual report are provided 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:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-26.96 407.183-2292

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