

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PH 2: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001475536
-05/04/95--01027--018
3040.00 *130.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/13/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2840263	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	

Principal Place of Business		Mailing Address	
C/O JOEL T. STRAWN 54 N.E. FOURTH AVENUE DELRAY BEACH FL 33483		C/O JOEL T. STRAWN 54 N.E. FOURTH AVENUE DELRAY BEACH FL 33483	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip		
24 Country	29 Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STRAWN, JOEL T. 54 N.E. FOURTH AVENUE DELRAY BEACH FL 33483		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

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	11 TITLE	S
NAME	STRAWN, JOEL T.	12 NAME	STRAWN, JOEL T.
STREET ADDRESS	54 N.E. 4TH AVE.	13 STREET ADDRESS	54 NE 4th Avenue
CITY ST ZIP	DELRAY BCH. FL	14 CITY ST ZIP	Delray Beach, FL 33438
TITLE	PD	21 TITLE	
NAME	HILL, ROBERT B.	22 NAME	
STREET ADDRESS	2815 S. SEACREST BLVD.	23 STREET ADDRESS	
CITY ST ZIP	BOYNTON BEACH FL	24 CITY ST ZIP	
TITLE	VTD	31 TITLE	
NAME	TAYLOR, ROBERT B., JR.	32 NAME	
STREET ADDRESS	2815 S. SEACREST BLVD.	33 STREET ADDRESS	
CITY ST ZIP	BOYNTON BEACH FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	
NAME	PELTZIE, KENNETH	42 NAME	
STREET ADDRESS	2815 S. SEACREST BLVD.	43 STREET ADDRESS	
CITY ST ZIP	BOYNTON BCH. FL	44 CITY ST ZIP	
TITLE		51 TITLE	D
NAME		52 NAME	KIRK, ROGER L.
STREET ADDRESS		53 STREET ADDRESS	2815 S. Seacrest Blvd.
CITY ST ZIP		54 CITY ST ZIP	Boynton Beach, FL 33435
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
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 110.07(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:

Joel T. Strawn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95

407-278-9400