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

Principal Place of Business	DOCUI	MENT # N250 2	27 (6)					
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2. Montpoly Place of Stunnes 28								
Sulfu, Apr. F. etc. Sulfu, Apr. F. etc.						3. Date Incorporated or Qualified 02/25/1988	3a. Date of Last 02/20/1	Report 995
Suite, April 4, etc. Strict Strict		ace of Business	<u></u>			4. FEI Number 59-2106573		
City & State City & State City	Suite, Apt.	#, etc.		h		5. Certificate of Status Desired	\$8.75	Additional
Zip	— ´	3	├ ── '	├ ──				, ,
DEARLOVE, MARION 1315 AEGEAN COURT PORT CHARLOTTE FL 33983 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent, or both, in the State of Florids Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered office or galetined agent, or both, in the State of Florids, Sinch change was authorized by the corporation's board of directors, I hereby accept the appointment as registered office or galetined agent, or both, in the State of Florids, Sinch change was authorized by the corporation's board of directors, I hereby accept the appointment as registered office or galetined agent, or both, in the State of Florids, Florids Statutes, the above-named corporation's board of directors, I hereby accept the appointment as registered office or galetine districts. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ACCITIONS/CHANSES TO OF FLETES IN 7.2 PARTIELLA TO DELETE 1 TITLE 12. ITILE 12. ITILE 12. ITILE 12. ITILE 12. ITILE 13. ACCITIONS/CHANSES TO OF FLETES IN 7.2 INCH ST. 2P. INCH		<u> </u>	⊢ '	—		8. This corporation has liability for in	tangible tax under s.	
DEARLOVE, MARION 1315 AEGEAN COURT PORT CHARLOTTE FL 33983 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 617,0502 and 617,1509, Florida Statutes, the above-hamed corporation submits this statement for the purpose of charaging its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's bloard of directors. I hereby accept the appointment as registered agent. I am remailer with and accept the Obligations of, Section 617,0503, Florida Statutes, the above-hamed corporation submits this statement for the purpose of charaging its registered agent. I am remailer with an advanced by the corporation's bloard of directors. I hereby accept the appointment as registered agent. I am remailer with an advanced by the corporation's bloard of directors. I hereby accept the appointment as registered agent. I am remailer with a remailer								
13.15 AFGEAN COURT PORT CHARLOTTE FL 33983 88 SHOULD Accompliate to the provisions of Sections 617.0502 and 617.1508, Plonids 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 submitted by the corporation submits this statement for the purpose of changing its registered office familiar with, and accose the obligations of your control of the corporation submits this statement for the purpose of changing its registered office familiar with, and accose the obligations of your control of the corporation submits this statement for the purpose of changing its registered office familiar with a province agent and separated agent. Familiar and province the purpose of changing its registered office familiar with a province agent and separated agent. Familiar and province agent agent and separated agent. Familiar and province agent agen				81	Name	TO THE PROJECT OF HOW THE	Sistered Affent	
PORT CHARLOTTE FL 33983 84				82	Street Add	ress (P.O. Box Number is Not Acceptable	<u>)</u>	
11. Pursuant to the provisions of Sackons 617,0502 and 617,1508, Florida Statutes, the above-harned corporation submits this statement for the purpose of changing its 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 em familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Spanwer, fixed or ported name of nopities agent and the Faightable. DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN *2 TITLE CANAME EGAN, DORIS 7057 MIFFLIN ST 13 STREET ADDRESS TORY ST-22P TITLE SD DAVIS, BETTY 14500 ARMADO STREET DAVIS, BETTY 14500 ARMADO STREET PORT CHARLOTTE FL 10 DEARLOVE, MARION 22 NAME 13 STREET ADDRESS CITY-ST-22P TITLE DP DEARLOVE, MARION 31 STREET ADDRESS CITY-ST-22P PORT CHARLOTTE FL 32 NAME 33 STREET ADDRESS CITY-ST-22P PORT CHARLOTTE FL 34 STREET ADDRESS CITY-ST-22P PORT CHARLOTTE FL 35 STREET ADDRESS CITY-ST-22P PORT CHARLOTTE FL 36 STREET ADDRESS CITY-ST-22P TITLE Change Addition Ad				83				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statuties, the above-hamed 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 undersized 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				84	City		B5 Zij	p Code
SIGNATURE Signature, fixed or ported auto of regolated agent and alter of Process (Section 61 Process). First addition of Statutes. SIGNATURE Signature, fixed or ported auto of regolated agent and alter if applicable. NOTE: Pegaterial Agent agent are over agent agent and alter if applicable. NOTE: Pegaterial Agent agent are over agent ag	11. Pursuant t	to the provisions of Sections 617.05	502 and 617,1508, Florida Statute	es, the above-	l named corpor	ration submits this statement for the num		anistered office
12	or register	ou agent, or both, in the state of Hi	urida. Such change was authorize	ea by the corp	oration's boa	rd of directors. I hereby accept the appoi	ntment as registered	agent. I am
TILE VD GERKERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN *2 TILE EGAN, DORIS 11 TILE		Signature typed or proted name of registered as	pent and title if applicable (A)(C)	IT. Conjetaned August				
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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 119.07(3)(k). Florida Statutes, I further		contifu that the information accession	d with this filips is a limit of the	6.4 CITY - S	T-ZIP			

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: