

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N25433 (6)

1. Corporation Name
NAVY SEA BEE VETERANS ISLAND X12, INC.



Principal Place of Business: **C/O LOUIS URSILLO, 7824 MANFIELD HOLLOW RD., DELRAY BEACH FL 33446**
Mailing Address: **C/O LOUIS URSILLO, 7824 MANFIELD HOLLOW RD., DELRAY BEACH FL 33446**

3. Date Incorporated or Qualified: **03/16/1988**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **36-3382061**
5. Certificate of Status Desired: **XX** **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**URSILLO, LOUIS
7824 MANSFIELD HOLLOW RD.
DELRAY BEACH FL 33446**

10. Name and Address of New Registered Agent
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 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: *Louis Ursillo* **LOUIS URSILLO** DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	CASE, BERNARD
STREET ADDRESS	2850 S. OCEAN BLVD.
CITY-ST-ZIP	PALM BCH. FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	NIXON, RICHAD
STREET ADDRESS	4424 MELALUCA TRAIL
CITY-ST-ZIP	W PALM BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	EDWARDS, WILLIAM
STREET ADDRESS	5600 N DIXIE HWY 1907
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	SD <input type="checkbox"/> DELETE
NAME	REID, LEON
STREET ADDRESS	2336 CYPRESS RD.
CITY-ST-ZIP	W. PALM BCH. FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	URSILLO, LOUIS
STREET ADDRESS	7824 MANSFIELD HOLLOW RD
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LIBERTY, BERNARD
STREET ADDRESS	184 VALENCIA H
CITY-ST-ZIP	DELRAY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT NIXON
1.3 STREET ADDRESS	4424 MELALUCA TRAIL
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33407
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BERNARD LIBERTY
2.3 STREET ADDRESS	184 VALENCIA H
2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33446
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JEFFERSON KIRKPATRICK
6.3 STREET ADDRESS	121 ELWA PLACE
6.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33405

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 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: *Louis Ursillo* **LOUIS URSILLO** 2/16/96 407 495 5781
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)