FILE NOW: FILING FEE IS \$61.25 NONPROFIT CORPORATION ANNUAL REPORT 1996 DOCUMENT # N36343 1. Corporation Name Principal Place of Business Mailing Address

C/O JAY G 5823 MYST	ce of Business GOLDBERG IC DRIVE NINGE FL 32127	Mailing Address C/O JAY GOLDBERG 5823 MYSTIC DRIVE		<u>. </u>				1141 1161 1161 1461 1
US		POINT ORANGE FL 32 US	2127			3. Date Incorporated or Qualified 01/23/1990	3a. Date of 1	ast Report 9/1995
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	0//1	Applied For
Cuito Ant H ata						59-3014713	ŀ	Not Applicable
Scrite, Apr. #, etc						T	- \$8	75 Additional
City & Sta	te	27	City & State			5. Certificate of Status Desired		ee Required
23		City & State			6. Election Campaign Financing \$5.00 May Be			
Zip	Country	Zip	T			Trust Fund Contribution	_LA	ded to Fees
24	25	29			8. This corporation has liability for intangible tax under s. 199.032,			
	Name and Address of Current Registe		stered Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent		
				31 N	lame	TO. Name and Address of New Heg	stered Agent	<u> </u>
GOLDB	ERG, JAY		L					i
5823 MYSTIC DRIVE			1	32 8	Street Addres	ddress (P.O. Box Number is Not Acceptable)		
PORT ORANGE FL 32127			į.	33	*****			
			I .		lity		85	Zip Code
11. Pursuant	to the provisions of Sections 617.0502 a red agent, or both, in the State of Florida ith, and accord the obligations.	nd 617.1508, Florida Statute	es, the above	- nam	ed corporati	on submits this state and fi	FL °°	
familiar wi	red agent, or both, in the State of Florida ith, and accept the obligations of, Section	. Such change was authorize	ed by the co	rpora	lion's board	of directors. Thereby accept the appoint	se of changing it ment as register	s registered office
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	. orr. 10000, Florida Statutes.						oo aganti ram
	Signature, typed or printed name of registered agent an	d little if applicable (NO	TE Rugistered A	ent sa	nature required w	Peri mensi ahara		
12.	OFFICERS AND I	DIRECTORS	13.			ADDITIONS CHANGES TO OFFICE	DATE DS AMO DIDEO	TOSIC INLAD
TITLE	PD DELETE		1.1 TITLE	1.1 TITLE		11 2 11 10 10 10 31 102	□ Chang	
NAME	GOLDBERG, JAY		1.2 NAM	E				C Nodillon
STREET ADDRESS	5823 MYSTIC DR		1.3 STRE	ET ADD	RESS			
City-St-ZIP	PORT ORANGE FL 32127		1.4 CITY	1.4 CITY - ST - ZIP				ł
TITLE			2 1 TITLE				☐ Chang	Addition
NAME	KOMEL, DAVE		2.2 NAME		ĺ			, ET Madition
STREET ADDRESS	4790 SPRUCE CREEK ROAD		2.3 STREE	ET ADDR	RESS			
CITY-ST-ZIP TITLE	PORT ORANGE FL		2 4 CiTy	- ST - ZII	P			
NAME	PANEDENSE AND	DEFELE	3 1 TITLE				[] Change	Addition
	PANEPENTO, ANDY		3 2 NAME					
STREET ADDRESS	3716 S. ATLANTIC		3 3 STREE	T ADDR	ESS			
CITY-ST-ZIP TITLE	D.B.S. FL 32119		34 CITY	S1 - ZIF				
NAME	SD COLDREDC CHCAN	DELETE	4.1 TITLE		\S	T D	Change	☐ Addition
STREET ADDRESS	GOLDBERG, SUSAN		4 2 NAME		650	Secra Susan	\wedge	_
CITY-ST-ZIP	5823 MYSTIC DRIVE		4.3 STREE	I ADDR	ESS ES	CSBCY, SUSAN 23 MYST IC DI DIENNI FL 3 2		
TITLE	PORT ORANGE FL 32127	E) or ere	4 4 CITY -	ST-ZIP	15.	CRANGE FL 33	12:1	
NAME		DELETE	5 1 TITLE				Change	Addition
STREET ADDRESS	•		5 2 NAME				•	
CITY-ST-ZIP			53 STREE	I ADDRI	ESS			
TITLE		Florier	5.4 City-5	81 - ZIP				
NAME		DELETE	6.1 TITLE				☐ Change	Addition
STREET ADDRESS			6 2 NAME				•	_
			63 STREET	ADDRE	ss			j
CITY-ST-ZIP			6.4 CITY - S	T-ZIP		e exemption stated in Section 119.07(3)		

4. To refer 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/4/96 9611/161-3609