* 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

N9400001933 (0)

Surre, Apt. #, etc. Suite, Apt. #, etc.	(
KEY WEST FL 33040	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 55-0479036 Applie Suite, Apt. #, etc.	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applie 21 26 65-0479036 Not A Suite, Apt. #, etc. Suite, Apt. #, etc. 50.75	nt
25	d For
CONO, 7 pt. 11, 010.	pplicable
5. Certificate of Status Desired \$8.75 Add	
City & State City & State	
23 City & State 6. Election Campaign Financing Trust Fund Contribution Added to F	
Zip Country Zip Country 8. This corporation has liability for intensible tax under s. 190	
25 29 30 Florida Statutes Yes No	OL,
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
CUNEO, EDWARD J	
2026 STAPLES AVE 82 Street Address (P.O. Box Number is Not Acceptable)	• • • • • • • • • • • • • • • • • • • •
* KEY WEST FL 33040 83	<u> </u>
• 84 City F1 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 register	ed office
familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	. I am
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE US AND DIRECTORS IN	
TILE PD AUDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
NAME CUNEO, EDWARD J 12 NAME	Addition
STREET ADDRESS 2026 STAPLES AVE 1.3 STREET ADDRESS	
CITY-ST-ZIP KEY WEST FL 33040 1.4 CITY-ST-ZIP	ļ
THE VO	\ddition
NAME STEAVE JAMES 22 NAME SCOTT SCHILSON	
STREET ADDRESS 709 EMMA ST 2.3 STREET ADDRESS 37/3 PEARLMAN COURT	ı
CITY-ST-ZIP KEY WEST FL 33040 2.4 CITY-ST-ZIP KEY WEST, FLORIDA 33040	
DELETE 317ITLE SECRETARY OF Thange	ddition
NAME FOWARD M. TAVSCHE STREET ADDRESS 2322 HARRIS ST 43 32 NAME ROBERT MIRACLE 232 HARRIS ST 43	ļ
3.3 SIRECT MUDICISS	ŀ
THE TO MODERN SOUTH STORY TO THE STORY ASSAULT	
No the last	ddition
NAME RICHARD L. JOHNSTON STREET ADDRESS 6531 MALONEY AVE #9 4.2 NAME 4.2 NAME DAVID KICKLIGHTER 3.2 NAME 4.3 STREET ADDRESS 2.4 14 SEIDENBERC AVENUE	
CITY-ST-ZIP KEY WEST FL 33040 44 CITY-ST-ZIP KEY WEST, FLORIDA 33040	1
TIDE DOCLETE	ddition
NAME 52 NAME 300001765623	3011011
\$186ET ADDRESS -04/02/9601008021	ŀ
S4 CITY-S1-ZIP ***** ***** ************************	ŀ
TITLE DELETE 6.5 TITLE DELATE Change A	ddition
NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS 77. 77.	
	,
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 1 turn certify that the information in free time in the section 119.07(3)(k). Florida Statutes 1 turn certify that the information in free time in the section 119.07(3)(k). Florida Statutes 1 turn certify that the information is inferentially in the section 119.07(3)(k). Florida Statutes 1 turn certify that the information is inferentially in the section 119.07(3)(k). Florida Statutes 1 turn certify that the information is inferentially in the section 119.07(3)(k). Florida Statutes 1 turn certify that the information is inferentially in the section 119.07(3)(k). Florida Statutes 1 turn certify that the information is inferentially in the section 119.07(3)(k). Florida Statutes 1 turn certify that the information is inferentially in the section 119.07(3)(k). Florida Statutes 1 turn certify that the information is inferentially in the section 119.07(3)(k). Florida Statutes 1 turn certify that the information is inferentially in the section 119.07(3)(k). Florida Statutes 1 turn certification 1 turn	2

I do nereby certify that the information supplied with this filling 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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 296-1736