FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996

SIGNATURE: 4

Secretary of State
DIVISION OF CORPORATIONS

ncipal Place of Business 300 OVERSEAS HWY IARATHON FL 33050 Principal Place of Business Suite, Apt. #, etc. City & State - Zip	Mailing Address P.O. BOX 522774 MARATHON SHORES FI 2a. Mailing Address 2b. 11 7 7 7 6 Suite, Apt. #, etc. 27 City & State 28 Maratkon	1. 33062-2774 . 25 ST.	3. Date Incorporated or Qualified 07/17/1995 4. FEI Number	3a. Date of Last Report
Principal Place of Business Suite, Apt. #, etc. City & State - Zip Country 25	2a. Mailing Address 2b. 11 7 7 76 Suite, Apt. #, etc. 27 City & State		07/17/1995 4. FEI Number	3a. Date of Last Report
Principal Place of Business Suite, Apt. #, etc. Crty & State Zip Country 25	26 11 7 7 7 6 Suite, Apt. #, etc. 27 City & State	. C5 ST.	07/17/1995 4. FEI Number	3a. Date of Last Report
Suite, Apt. #, etc. City & State - Zip Country - 25	26 11 7 7 7 6 Suite, Apt. #, etc. 27 City & State	, 25 St.	4. FEI Number	
Suite, Apt. #, etc. City & State - Zip Country - 25	Suite, Apt. #, etc. 27 City & State	, G St.		Applied For
City & State Zip Country 25	City & State		65-059688	
Zip Country	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
_ 25	28 Maratken	<i>~ i</i>	6. Election Campaign Financing	\$5.00 May Be
_ 25		Fl. Country	Trust Fund Contribution 8. This corporation has liability for it	Added to rees
	Ziρ 29 33050	30 U 5 A	Florida Statutes	Yes No
3. Namo and Addition of Carre		130 4 277	10. Name and Address of New R	
		81 Name		
QUINN, WILLIAM R		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
• 350 SOMBRERO BEACH RD				
MARATHON FL 33050		83		
		84 City		FL 85 Zip Code
Pursuant to the provisions of Sections 617.050			the state and the state ment for the pur	
or registered agent, or both, in the State of Fio familiar with, and accept the obligations of, Sec	ction 617.0503, Florida Statutes	s.		DATE
Signature, typed or printed name of registered age		OTE: Registered Agent signature require 13.	ed when reinstating: ADDITIONS/CHANGES TO OFF	
<u> </u>	ND DIRECTORS	11 TITLE		☐ Change ☐ Addition
TLE P O HANSEN, ALEXANDER		1.2 NAME		
AME HANSEN, ALEXANDER REET ADDRESS 1800 OVERSEAS HWY		1.3 STREET ADDRESS		
TY-ST-2IP MARATHON FL 33050		1.4 CITY-ST-ZIP		
TLE VD	DELETE	2 1 TiTLE		☐ Change ☐ Addition
AME QUINN, WILLIAM P		2.2 NAME		
TREET ADDRESS P.O. BOX 500150 N/A		2.3 STREET ADDRESS		
ITY-ST-ZIP MARATHON FL 33050	Electric .	2. 4 CITY-ST-ZIP		Change Addition
TLE D	DELETÉ	31 TITLE 5+		
AME QUINN, KATHRYN G		3.2 NAME 3.3 STREET ADDRESS		
TREET ADDRESS P.O. BOX 500150 N/A		3.3 STREET ADDRESS		
MARATHON FL 33050	DELETE	4.1 TITLE		☐ Change ☐ Addition
ITLE TD IAME THOMAS, SUSIE		4.2 NAME		
THOMAS, SOSIE ITREET ADDRESS P.O. BOX 522789 N/A		4.3 STREET ADDRESS		
MARATHON FL 33050		4.4 CITY - ST - ZIP		
TILE S	DELETE	5.1 TITLE		Change Addition
IAME BABONIS, JOYCE	/	5.2 NAME		
STREET ADDRESS 1800 OVERSEAS HWY		5 3 STREET ADDRESS		
MARATHON FL 33050		5.4 CITY - ST - ZIP	7000817 -04/12/9601 ***61.25	Change Addition
IITLE	DELETE	6.1 THILE	-04/12/9601	009015
NAME		62 NAME '	***61.25	
STREET ADDRESS		6.3 STREET ADDRESS		
11. I do hereby certify that the information supplied certify that the information indicated on this a	ed with this filing is voluntarily fo	6.4 CITY-ST-ZIP Irnished and does not qualify	y for the exemption stated in Section 11	9.07(3)(k), Florida Statutes, I further

Legendre Hansen 2/29/96 305-743-31605 3