FILE NOW: FILING FEE IS \$61.25

 NONPROFIT CORPORATION **ANNUAL REPORT**



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

1996

DOCUMENT #	N95000004807	(2)
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FLANINA BUOINEAN FERRATION INA

·		55 FEVERATION											
Principal Place of Business Mailing Address								werre ##11					
411 SHEARER BLVD. 411 SHEARER BLVD. COCOA FL 32922 COCOA FL 32922													
			_					3. Date Incorporated or	Qualified	3a. D	ate of Last	Report	7
								10/06/1995	- Common	•	are or coor i	юрон	
	Place of Business		H-1	Mailing Address				4. FEI Number			1	opplied For	
21			26	0.4				59-3347	182			lot Applicable	e
Suite, Apt.	. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status	Desired			Additional Required	
City & Star	te		28	City & State				Election Campaign F Trust Fund Contribut	_			May Be	
Zip		Country	1201	 		ountry		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199,032,					\dashv
24	25	<u> </u>	29		30			Florida Statutes		Yes [_	10010021	
	9. Name ar	nd Address of Current	Regist	ered Agent		-	,	10. Name and Address	of New F	Registered	Agent		
		_				81	Name						
	ISON, RONALI					82	Street Add	fress (P.O. Box Number is No	t Acceptat	ole)			\exists
	iearer blvd. A fl 32922					83			·····				\dashv
•	4 FL 32822												
						84	City			FI	85 Zip	Code	-
11. Pursuant	t to the provisions	s of Sections 617,0502	and 617	7.1508, Florida Statutes	s, the abo	ve-r	named corpo	ration submits this statement	for the pu	rpose of ch	anging its re	egistered offic	e
familiar v	ered agent, or bo vith, and accept !	ith, in the State of Florida the obligations of, Section	a. Such in 617.0	change was authorize 0503, Florida Statutes.	d by the	corp	oration's boa	ard of directors. I hereby acce	opt the app	cointment as	s registered	agent. I am	
SIGNATURE													
10	Signature, typed or p	ented name of registered agent a				Адес	it signature requir	od when reinstating)		DATE			୍
TITLE TO	I Paga (c)	E. Anderson		DELETE	13.	11 E		ADDITIONS/CHANG	ES TO OH	ICERS AN	D DIRECTO Change	RS IN 12 Addition	R2E037 (12/95)
NAME J	Presia		,	Посиле	12 N						спанус	Addition	15
STREET ADDRESS	2511 1	Frickey Rox	LCL.				ADDRESS						8
CUTY_ST-ZIP	Cocoa		26				ST-ZIP						
(ITLE)	TREASU			DELETE	2 1 T						Change	Addition	b
NAME 1		TIERNEY			22 N	AME							
STREET ADDRESS	12210 -	RAVINO CIR			235	TREET	ADDRESS						
CITY-ST-ZIP		ILLE, FL 3	<u> 295</u>				S1-ZIP						
D	SECRET			DELETE	3 1 T						Change	Addition Addition	-
NAME -		R KELCHNER			3 2 N								
STREET ADDRESS CITY-ST-ZIP	אט ונכן	PTAINS WAY		ET 12027			ADDRESS						
TITLE	INDIAN	HARBOR BE	ACH.	, FL 32937 □DELETE	4.1 T		ST-ZIP				Change	Addition	
NAME					4 2 1							Lad - NOWIGH	
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP							IT-ZIP						
TITLE				DELETE	5 1 T						☐ Change	☐ Addition	\neg
NAME					52 N	AME	ļ						
STREET ADDRESS					5.3 S	TREET	ADDRESS						
CITY-ST-ZIP				Operes.			T - ZIP				7		
TITLE				DÉLETE	511			30000 -07/17/9	յալ (<u>բ</u> անն Բ,——Ռ11	3103) 1470	∐.Sagude ∏Gagapde	Addition	
NAME STREET ADDRESS					62 N		************	***81.25	O 010	.,, O			VA A
STREET ADDRESS	1						ADDRESS	oranti I ≡ EU				(6)(x)	177
CITY-ST-ZIP 14. I do here	by certify that the	e information supplied w	ith this	filing is voluntarily furnis	shed and	doe	s not qualify	for the exemption stated in S	ection 119	.07(3)/k). FI	orida Statuti	es I further	
certify the	at the information	n indicated on this annual or director of the corpor	al report	or supplemental annu	al report	is tru	ie and accur	ate and that my signature sha his report as required by Chap	all have the	same lega	l effect as if	made under	
appears	in Block 12 or B	lock 13 if changed, or or	an all	achment with an addre	SS SS	. 60	O BAGCULE II	roport as required by Chap	ital Olf, F	ioriua siaiti Y	0) — [-	3/-/ 7	b
		Mila	/ V					11/2	dol		- / 0	4 11	183

SIGNATURE: _

SIGNITURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR