FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNL	JAL REPORT	Secretar	Sendra B. Mortham Secretary of State Division of Corporations		Secretary of State	
DOCUI 1. Corporation	MENT # P3248	` ,				
Principal Place	a of Business	Mailing Address				
10200 S. OCEAN BLVD. 10200 S. OCEAN BLVD. JENSEN BEACH FL 34957 JENSEN BEACH FL 34957			,		DO NOT WRITE IN THIS	SPACE
]					3. Date Incorporated or Qualified	
2. Principal Pi	ace of Business	2e. Mailing Address			01/16/1991 4. FEI Number 14-1708070	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State	2	City & State	City & State			Fee Required
23	,	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Count 30	У	This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intangible] Yes No
9. Name and Address of Current Registered Agent				1 Name	10. Name and Address of New Registered	Agent
102	.Ce, dayna L. 100 S. Ocean Blvd.		<u> </u>			
JENSEN BEACH FL 34957				2 Street	Address (P.O. Box Number is Not Acceptable)	
			8	3		
				1 City	FL	85 Zip Code
11. Pursuant office or ragent. I a	m tamiliar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statut	98.	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the app	changing its registered ointment as registered
12.	Signature typed or proted name of regenered sept OF HCFRS AN		13.	gent signature	e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE			1.1 TITLE			☐ Change ☐ Addition
NAME	40000 C OCEAN BLVD		1,2 NAM			
STREET ADDRESS	JENSEN BEACH FL		1.3 STREET ADDRESS 1.4 City-St-Zip			
CITY-ST-ZIP TITLE	\$				Secretary - Treasurer	Change Addition
NAME	DAVIS, DAYNA L. 2		2.2 NAM	<u>:</u>	Secretary - //cosume	
STREET ADDRESS	10200 S. OCEAN BLVD.		2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY			Change Addition
TITLE NAME			3.1 TITLE 3.2 NAME			L. Change L. Addition
STREET ADDRESS				et address		
CITY-ST-ZIP	<u></u>		3.4. C(T)	-ST-ZIP		
TITLE		DELETE	•		}	Change Addition
NAME			4.2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS CITY-SI-ZIP		4.35				
TITLE			5.1 TITLE		<u> </u>	Change Addition
NAME			5.2 NAM			
STREET ADDRESS	SS . 538		5.3 STRE	et address].	ļ
CITY - ST - ZIP			5.4 CITY			Change Addition
TITLE NAME		[_] DELETE	6.1 TITLE 6.2 NAM			☐ Change ☐ Addition
STREET ADDRESS				T ADDRESS		}
CITY-ST-ZIP			6.4 CITY			
	partify that the information cumulad w	ith this filing does not quality fo			Led in Section 119.07(3)(i). Florida Statutes Liturther ce	rtifu that the information

receive sensy that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental minual report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the corporation or the composer or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an interment with an address.

FILED

May 19 1998 8:00am