## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

161

1. Corporation		` '					
Principal Place of Business Mailing Address						AL 8813 81811 91811 918	II BIBIL DIDII DIDII IDDI
P.O. BOX 78 HILTON HEA	144 D ISLAND SC 29938	P.O. BOX 7844 HILTON HEAD ISLAND SC 29998					
					3. Date Incorporated or Qualified 01/03/1992	3a. Date of La 04/17	ast Report <b>7/1995</b>
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
21		Suite, Apt. #, etc.			57-0899048		Not Applicable  3.75 Additional
Suite, Apt. #	o, etc.	27			5. Certificate of Status Desired	1 1	Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Ζιρ	Country	Zip	Coun	try	8. This corporation has liability for		ders 199.032,
24	25 29		30		Florida Statutes Yes X No		
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New I	Registered Agen	ı <u>t                                      </u>
				B1 Name			
	RPORATION SYSTEM		[7	82 Street Address (P.O. Box Number is Not Acceptable)			
	OUTH PINE ISLAND ROAD		-	83			
PLANIA	ATION FL 33324						
				84 City		FL  85	Zip Code
tamiliar wit	n, and accept the obligations of, Secti-	on 507.0505, Florida Statute	R.S.		oration submits this statement for the puace of directors. I hereby accept the applications when reinstating	pate	itered agent. I am
12,	Signature, typied or printed nome of registered agent.  OFFICERS AND		13.	gen signature requ	ADDITIONS/CHANGES TO OF		ECTORS IN 12
TITLE	PCD	[] DELETE	1, 1 11	LF	P	Cri	nange Addition
NAME	BELLAMY, OSCAR H., III		1.2 NA	ME &	bellamy, Oscar H. 11 9 Dolphin Point Lone. 411tom Head Islam	1	
STREET ADDRESS	19 DOLPHIN POINT LANE		1.3 ST	REET ADDRESS	9 Dolphin Point Lane		
CITY-ST-ZIP	HILTON HEAD IS. SC		1.4 CH	Y-S1-ZIP	41tom Head Islam	R, BC	
TITLE	ST DELETE		2 1 (1)	ι <b>€</b>		CH	nange
NAME	PIERCY, PATRICK E.		2.2 NA				
STREET ADDRESS	94 SAW TIMBER			REET ADDRESS			
CITY-ST-ZIP	HILTON HEAD IS. SC	DELETE	2 4 CIT	Y-ST-ZIP		□ Cr	nange Addition
TITLE		רין טנננונ	3 2 NA				La Marian
NAME STREET ADDRESS			l l	REET ADDRESS			
			1	IY-SI-ZIP			
CITY-ST-7IP TITLE		DELETE	4 1 TI			Cr	hange Addition
NAME	<u> </u>	-	4.2 NA	<b>I</b>			
STREET ADDRESS	1			REET ADDRESS			
CITY-ST-ZIP			4.4 CI	IY-ST-ZIF			
TITLE		DELETE	5 1 1	îlē .		C C	hange 🔲 Addition
NAME			5.2 NA	.ME			
STREET ADDRESS			5381	REET ADDRESS			
CITY-ST-ZIP				TY-S1-ZIP		E7.0	hanna ET Addition
TITLE	,	DÉLETE	6 1 T)			□ CI	hange [] Addition
NAME			6.2 NA				
STREET ADDRESS				REE1 ADDRESS			
CITY-ST-ZIP			6.4 CI	TY - ST - ZiP			

14. Ido horeby 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. 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address.

SIGNATURE:

803-785-4646 Daylinte Phone #