CORPOR ANNUAL 199	REPORT	FLORI	DA DEPARTMEN Sandra B. Mor Secretary of S ISION OF CORP	tham State				
CUME Orporation Name INSTITUT	ENT # P3830 EE FOR SELF ACTIVE B		<b>(O)</b> c.		1 11 11 11 11 11 11 11 11 11 11 11 11 1			
ipal Place of E PINEAPPLE BOURNE FL 3		Mailing Addro P.O. BOX 51 MELBOURNE		1	Date Incorporated or Qualified     04/15/1992	3a. Date	of Last Repo 06/14/1995	ırt
rincipal Place	of Rusiness	2a. Mailing A	ddress	<del> </del>	4. FEI Number 04-2688287		Applie Not A	ed For pplicable
		26 Suite, Ap			5. Certificate of Status Desired		\$8.75 Add	litional
kuite, Apt. #, e	tc.	27			Certificate of Status Desired     Relection Campaign Financing		Fee Requ \$5.00 Ma	ау Ве
City & State		City & St	ate	Country	Trust Fund Contribution  8. This corporation has liability for	or intangible to	Added to f ax under s. 19	
Zip	Country	Zıp	30	Country	Fiorida Statutes	Yes	No	
	9. Name and Address of Curr	rrent Registered Age	ent	81 Name	10. Name and Address of New F	negistered A	your	
	RIS ROAD RNE BEACH FL 32951			83			Ti-1 7 - 0	
MELBOU	RNE BEACH FL 32951	.0502 and 617.1508, state of Florida, Such	Florida Statutes, change was auti	84 City	poration submits this statement for the tion's board of directors. I hereby acc	FL purpose of cept the appoin	85 Zip Co	- mintored
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