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

P92000012104 (5)

DOCUMENT #
1. Corporation Name

Principal Place of Business Mailing Address 99198 OVERSEAS HWY P.O. BOX 3318								
SUITE 8 KEY LARGO FL 33037 KEY LARGO FL 33037								
					3. Date incorporated or Qualified 12/14/1992	3a. Date of Last R 01/20/1	995	
2. Prinopal Pla 21	ce of Business	2a. Mailing Address 26	<u> </u>		4. FEI Number 65-0378763	├-	Applied For Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	5 Additional Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.0	May Be	
Zip.	Country 25	Zip	Country 30	y	8. This corporation has liability for in Florida Statutes Yes	tangible tax under s		
1	9. Name and Address of Curre		1		10. Name and Address of New Re			
			81	Name				
	es, timothy n		82	Street	Address (P.O. Box Number is Not Acceptable			
99198 OVERSEAS HWY			02	Street	Address (F.O. Dox Norther is Not Acceptable	2)		
SUITE 8			83			•		
KEY L	ARGO FL 33037		84	Crty		FL 85 Z	ip Code	
11. Pursuant to	the provisions of Sections 607.05	02 and 607.1508. Florida Statutes.	the above	named co	orporation submits this statement for the purp		registered office	
or registere familiar with SIGNATURE.	Signally typist or prolled on a of registered ag	au Time	The	/V• j	board of directors. I hereby accept the appointment of the appointment	1/96 DATE		
11°LF	D JOFFICERS A	DELETE	1 1 7 ITLE		ADDITIONS/CHANGES TO OFFICE	Change	JHS IN 12 Addition	
NAME STREET ADDRESS OFY STIZE	THOMES, TIMOTHY N 105 S. HARBOR DR. 20 KEY-LARGO FL 39037 M	547 Old Cutler Rd		t adoress	address change 20547 Old Cutler Rd. # Miami, FL 33189		Agonion	
TITLE NAME		DEIETE	2 1 TITLE 2.2 NAME			☐ Change	☐ Addition	
STREET ADDRESS				T ADORESS				
1004-\$1-709 1004		DELETE	24 CITY - 3 1 THILE			Change	Addition	
NAME			3 2 NAME			Onlings		
STREET ADDRESS				T ADDRESS	Ì			
CITY ST ZIP			3 4 CITY-					
10°LE		DELETE	4. 1 TITLE			☐ Change	☐ Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CHY-ST ZIP			4.4 CITY -	ST-ZIP				
TiT, F		☐ DELETE	5 1 THTLE			☐ Change	Addition	
NAME			5 2 NAME					
STREET ADDRESS			5.3 STREE	i address				
CITY ST ZIP			5 4 CITY-					
TITLE		☐ DELETE	6 1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS				F ADDRESS				
CiTY-ST-ZiF	certify that the information evocle-	with this filing is valuatarily fundal	64 CITY-		alify for the exemption stated in Section 119.0	17/01/W Florida Otal	too I further	
certify that oath; that l	the information indicated on this an	nual report or supplemental annua poration or the receiver or trustee (il report is tr empowered	ue and ac	amy for the exemption stated in Section 119.0 ccurate and that my signature shall have the s ite this report as required by Chapter 607, Flor the this report as required by Chapter 607, Flor	ame legal effect as l	lf made urder	

SIGNATURE:

TIMOTHY I TIMOTHY NICHOLAS THOMES

305-451-4053

CR2E034 (12/95)