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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000001904 (0)

HAWKES, MCMAHON & KENNEDY, P.A.

Principal Place of Business Mailing Address

|--|--|

1801 AUSTRALIAN AVENUE SOUTH SUITE 100 W PALM BEACH FL 33409		SUITE 100	1801 AUSTRALIAN AVENUE SOUTH SUITE 100 W PALM BEACH FL 33409		Date incorporated or Qualified 01/05/1993	3a. Date of Las	•
2 Principal Pla	ine of Business	2a. Mailing Addi	ress		4. FEI Number	1 0,110	Applied For
2. Principal Place of Business 28. Mailing			an ig 1 4001 000		65-0377310		Not Applicable
			uite Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Crty & State			Oity & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip	Country	Zip	Co	untry	8. This corporation has liability for intangible tax u		rs 199.032,
4 25 29			30		Florida Statutes X Yes		
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New R	egistered Agent	
				81 Name			
HAWKES, WINSLOW D III 1801 AUSTRALIAN AVENUE SOUTH SUITE 100				82 Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
				83			
W PALM BEACH FL 33409				84 City		F1 85	Zip Code
SIGNATURE .	Signature: Epector printed have of represent	ante interior es	fault Fragildere		nstate neodating ADD:TIONS/CHANGES TO OFF	DATE ICERS AND DIREC	OTORS IN 18
TITLE	D	□ D€	LETE 1.1	THLE		Char	ige 🔲 Addition
NAME	HAWKES, WINSLOW D III	1	1.2	NAME			
STREET ADDRESS	1801 AUSTRALIAN AVE S		13	STREET ADORESS			
CITY-ST-ZIP	W PALM BEACH FL 3340	9		CITY - \$T - ZIF			
TITLE	D	X DE	LETE 2.1	TITLE		Cnar	nge 🔲 Addition
NAME	MCMAHON, ANDREW J		22	NAME:			
STREET ADDRESS	1801 AUSTRALIAN AVE S		23	STREET ADDRESS			
CITY - ST - ZIP	W PALM BEACH FL 3340			Cilr-St ZiP		Chai	nge 🔲 Addition
TITLE	D	DF		TITLE			igs Addition
NAME	KENNEDY, MICHAEL J 1801 AUSTRALIAN AVE S	OUTL #100		NAME STREET ADDRESS			
STREET ADDRESS	W PALM BEACH FL 3340			CITY - ST - ZIP			
CITY-ST-ZIF	TI FALM DENOTITE SOF	□ DE		Title		Cha	nge 🔲 Addition
NAMÉ		_	42	NAME			
STREET ADDRESS			4.3	STREET ADDRESS			
CITY-ST ZIP				CITY-ST-26F			
TITLE		□ DE	tele 5 i	THILE		☐ Chai	nge 🔲 Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				City-St-ZiP		☐ Cha	nge 🗀 Addition
TITLE		DE		TIFLE			ingo [] Muuntuin
N4ME				NAME STORET ADDRESS			
STREET ADDRESS			· ·	STREET ADDRESS			
CITY - ST - ZIP	1		54	CITY - ST - ZIP			

14. I do hereby 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 13 it ethan sect, or on an attachment with an address

SIGNATURE: 6