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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Socretary of State
DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

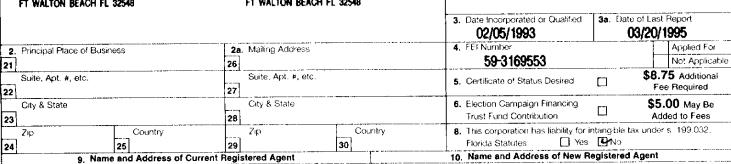
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CDD IMC

ang,	INU.

Principal Place of Business Mailing Address

626 WEST SUNSET BLVD. FT WALTON BEACH FL 32548 626 WEST SUNSET BLVD. FT WALTON BEACH FL 32548



SOMERSET, ROBERT D 626 WEST SUNSET BLVD. FT WALTON BEACH FL 32548

	Florida Statutes Yes Yes			
	10. Name and Address of New Registered Agent			
81	Name			
ᅪ	Street Address (P.O. Box Number is Not Acceptable)			
62	Street Address in .O. Cox retinicos la reconsciona			
62 63	Street Address (* .C. Los Names to Not Necephany			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature: Special production endingers and title if applicable in the production of					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TIFLE	POS DELETE	1 1 TITLE	Change Addition		
NAMÉ	SOMERSET, ROBERT D.	1.2 NAME			
STREET ADDRESS	626 NORTH SUNSET BOULEVARD	1.3 STREET ADDRESS			
CITY-ST-7:P	FORT WALTON BEACH FL 3 2647	1.4 CITY - ST - ZIP			
TITLE	DELÉTÉ	2 1 T=TLF	Change Addition		
NAME		2.2 NAME			
STREET ADDRESS		2 3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY+ST ZIP			
TITLE	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition		
NAME		3 2 NAMÉ			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY - ST - ZIP			
TITLE	☐ DELETE	4 1 TITLE	Change Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STHEET ADDRESS			
CITY - ST - ZIP		44 CITY ST-ZIP			
TITLE	DELETE	5 t MLF	Change Addition		
NAME		5.2.1.4ME			
STREET ADDRESS		5.3 THEEL ADDRESS			
CITY-ST-ZIP		5.4 D - \$1 - 20F			
TITLE	DELETE	6 1 11.6	Change Addition		
NAME		6.2 KMS			
STREET ADDRESS		6.3 TREET ADDRESS			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certify that the information indicated on this annual report or supplemental annual report oath, that I am an officer or director of the corporation or the receiver or trust is enipow appears in Block 12 or Block 13 if granged for on an attachment with an appress.

does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further is true and accurate and that my signature shall have the same legal effect as if made under ed to execute this report as required by Chapter 607. Florida Statutes, and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

May 16, 1996 964-744-6121

CR2E034 (12/95)