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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT** # 1. Corporation Name

P93000011002 (1)

Principal Place of Business	Mailing Address
6197 SE FEDERAL HWY STUART FL 34997	6197 SE FEDERAL HWY STUART FL 34997



					3. Date Incorporated or Qualified 02/08/1993	3a. Date of Last F 02/21/19		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	<u> </u>	Applied For	
21 5	SAME		26 SAME		65-0390956		Not Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, e	lc.	•	5, Certificate of Status Desired		5 Additional Required	
City & Stat	City & State City & State				Election Campaign Financing     Trust Fund Contribution		00 May Be ed to Fees	
Zip	Country	Country			8. This corporation has liability for i	8. This corporation has liability for intangible tax under s 199.032,		
24	25 29 30				Florida Statutes X Yes			
	<ol><li>Name and Address of Currer</li></ol>	nt Registered Agent		т	10. Name and Address of New R	egistered Agent		
			8	Name				
	BAUM, JAMES		8:	82 Street Address (P.O. Box Number is Not Acceptable)				
	se federal hwy							
STUAR	RT FL 34997		8:	3				
			8-	City		85 Z	ip Code	
				'	rporation submits this statement for the pur	FL	•	
familiar w SIGNATURE	with, and accept the obligations of, Sect	tion 607.0505, Florida St	atutes.		board of directors. I hereby accept the appointment of directors.	(ATE	o agont Lam	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIRECT	ORS IN 12	
T-TLF	D	☐ DELET	E 1 1 TITLI			☐ Change	Addition	
NAME	COTTON, E L		1.2 NAMI					
STREET ADDRESS		DR	13 STRE	T ADDRESS				
CHY ST ZP	HOBE SOUND FL 33455		1.4 CITY	ST-ZIP				
7-116	D	DELET	E 2 1 TITLI			☐ Change	☐ Addition	
NAME	SULLIVAN, JOHN W		2.2 NAMI					
STREET ADDRESS			23 STRE	T ADDRESS				
C-TY - S1 - Z1P	HOBE SOUND FL 33455		24 City					
TILE	D	☐ DELET	E 3 1 THTLE			☐ Change	■ Addition	
NAME	KRAMER, ROBERT S		3.2 NAMI					
STREET ADDRESS			33 STRE	ET AODRESS				
0114 - \$1 - 71P	STUART FL 34996		34 CITY					
1016		☐ DELET				☐ Change	Addition	
NAME			4.2 NAMI					
STHEET ADDRESS	•		1	I ADDRESS				
CITY-ST-7IP		F7 beset	4.4 CITY	- +		<u> </u>	FFT Addition	
1846		DELET				Change	Addition	
NAME								
			5 2 NAM		•			
STREET ADDRESS			53 STRE	1 ADDRESS	•			
STREET ADDRESS CHTY-ST_ZIP	:	F) Dever	5 3 STRE 5 4 CITY	1 ADDRESS ST-ZIP	•	Charac	Addition	
STHEET ADDRESS CITY-ST ZIP THUE		☐ DELET	5 3 STRE 5 4 C(TY E 6 1 T(TL)	1 ADDRESS ST-ZIP	•	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TOTE NAME		[] DELET	5 3 STRE 5 4 CITY E 6 1 TITLI 6.2 NAMI	1 ADORESS ST-ZIP		☐ Change	Addition	
STHEET ADDRESS CITY-ST ZIP THUE		[] DELET	5 3 STRE 5 4 CITY E 6 1 TITLI 6.2 NAMI	1 ADORESS ST-ZIP T ADDRESS	•	☐ Change	Addition	

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 came legal effect as if made under oath, that I am an officer or director of the cological field is presented by the cological field is presented by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if pringing for on an attainment and director.

SIGNATURE: X

NATURE AND THE OR PRINTED WANTE OF SIGNING OFFICER OR DIRECTOR

(407) 287-8880

CR2E034 (12/95)