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FLORIDA DE PARTMENT OF STATE

| ANNUAL REPORT 1996 | VSC/2009 -/ | tary of State FOORPORATIONS | | | | |
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| | 3000011235 (7 , INC. | 7) | ! | NANA BRINA BRINA BENJA B | 8181 KL881 11818 1181 | aa 111 1 1 1311 4 52 1 |
| Principal Place of Business 476 HWY A1A STE 38 | Maling Address 457 N. WATERWAY (SATELUTE BEACH F | | | | | |
| SATELLITE BCH FL 32937 US | • ************************************* | | 3. Date Incorporated or 02/04/1993 | Qualified 3a. | Date of Last Re 02/09/19 | |
| 2. Principal Ptace of Business | 2a. Mailing Address | | 4. FE I Number 59-3163659 |) | | Applied For Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt #, etc. | | 5. Certificate of Status | Desired [| | Additional Required |
| City & State | City & State | | 6 , Election Campaign F Trust Fund Contribut | - 11 | | 0 May Be d to Fees |
| <i>Z</i> ιρ Country 25 | Zip 29 | Country 30 | Triis corporation has Florida Statutes Name and Addres | Yes 🔲 N | nle tax under s lo | 199.032, |
| Deithorn, David A 457 N. Waterway Dr. Satellite Beach Fl 32937 | f Current Registered Agent | 81 Name 82 Stree 83 | e et Address (P.O. Box Number is No | ot Acceptable) | | |
| ONITCENT DENOTITE GESOT | | | | | | |
| | 707 0140 1007 4102 Florido Chil | 84 City | d 30 the statement | | ト┖╎╎ [╵] | p Code |
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| SIGNATURE Signature: Spice or printed name of regional particles of regional particles are considered in the constant of regional particles. Since I ADDRESS SATELLITE BEACH FOR THE DOLLARS STREET ADDRESS 457 N. WATERWAY IS STREET ADDRESS 457 N. WATERWAY IS STREET ADDRESS 457 N. WATERWAY IS | DERS AND DIRECTORS DELETE DR. DELETE DR. DELETE DR. DELETE DR. DELETE DR. DELETE | tes, the above named and the corporation is. 13. 1 THE 12 NAME 13 STREEL ADDRESS 14 CHY-ST-ZP 2 THE 22 NAME 23 STREEL ADDRESS 24 CHY-ST-ZP 3 THEE 32 NAME 33 STREEL ADDRESS 34 CHY-ST-ZPP 4 THEE 42 NAME | ADDITIONS/CHANG | t for the purpose c ept the appointme oa | f changing its rint as registered AND DIFFECTO Change Change | egistered offic agent. I am PRS IN 12 Addition Addition |

count for making centry 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 ordinate of this or flugible, it the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and final my name appears in Block 12 or Block 31/chapters, or dynamics, and final my name appears in Block 12 or Block 31/chapters, or dynamics. OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

BAPR96 407.719-8681