FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #   P93000037815 (6)

1. Corporation Name

FLORIDA ENTERPRISES OF THE TREASURE COAST, INC.

Principal Place of Business	Mailing Address
855 11TH STREET VERO BEACH FL 32960	855 11TH STREET VERO BEACH FL 32960

3. Date Incorporated or Qualified 05/24/1993	3a. Date of Last Report 02/27/1995

4. FEI Number 65-0455152	Applied For / Not Applicable

2. Principal Place of Business [21]	2a. Mailing Address [26]
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]
City & State [23]	City & State [28]
Zip [24] Country [25]	Zip [29] Country [30]

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCHUGH, JOHN J JR
333 17TH STREET
SUITE U
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL	85 Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **EDER, BERND**		1.2 NAME	
STREET ADDRESS **855 11TH STREET**		1.3 STREET ADDRESS	
CITY-ST-ZIP **VERO BEACH FL 32960**		1.4 CITY-ST-ZIP	
TITLE **D**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **NEUHAUSER, E.P.**		2.2 NAME	
STREET ADDRESS **855 11TH ST.**		2.3 STREET ADDRESS	
CITY-ST-ZIP **VERO BCH. FL**		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
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 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 if changed, or on an attachment with an address.

SIGNATURE: *E. P. Neuhauser* D   2/29/96   407-567-7246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

E.P. NEUHAUSER