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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000053355 (2)

rincipal Place of Business	Mailing Address
1671 BILTMORE STREET	1671 BILTMORE STREET
PORT ST. LUCIE FL 34984	PORT ST. LUCIE FL 34984

^	Dinairal Dinas of D			**************************************				07/26/1993	1	05/01/1995
21	Principal Place of Busin	less	2a 26	Malling Address				4. FEI Number 65-0428417		Applied For
22	Suite, Apt. #, etc.		27	Suite, Apt. #. etc.				5. Certificate of Status Desired		Not Applicable \$8.75 Additional Fee Required
23	City & State		28	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24	Zip	Country 25	29	Zip	30 Co	untry		This corporation has liability for in Florida Statutes Yes		
	y, Name	and Address of Cur	rent Regis	stered Agent		ļ,		10. Name and Address of New Re	gistered	Agent
	CESAIRE, FELIX 1671 BILTMORE S PORT ST. LUCIE F					81 82 83	Name Street Addres	ss (P.O. Box Number is Not Acceptable	e)	

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

84 City

	ignature, typed or printed name of registered agond and	tile řapplicabie (NO	TEL Registered Agont a gnature Justine	O when remislating.
12.	OFFICERS AND D	PIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1. 1 TITLE	Change Addition
NAME	MCKENZIE, RUDOLPH		1.2 NAME	L., Onlinge L., Mudition
STREET ADDRESS	1671 BILTMORE ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL		1.4 CiTY - ST - ZIP	
TITLE		DELETE	2.1 TITLE	Chara Dilly
NAME			2 2 NAME	Change Addition
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CHY-ST-2IP	
THE		DELETE	3 1 TITLE	F3.01
NAME			3 2 NAME	Change Addition
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP				
TITLE		DELETE	3.4 CITY - ST - ZIP 4. 1 TRLE	
NAME			4.2 NAME	Change Addition
STREET ADDRESS				
CITY-ST-ZIF			4.3 STREET ADDRESS	
TITLE		DELFTE	4.4 CITY - ST - ZIP	
NAME.		_ offine .	5 1 TITLE	Change Addition
STREET ADDRESS			5.2 NAME	
CiTY-ST-ZIP			5 3 STREET ADDRESS	
TILE		[7] DELETE	5.4 CHY-ST-ZiP	
IAME		[_] buttle	6. 1 TITLE	Change Addition
STREET ADDRESS			62 NAME	
CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CHY-ST-ZIP	

or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name chapter 407 is an address. oath; that I am an officer or dire appears in Block 12 or Blo

SIGNATURE

Daytime Phone #

3a. Date of Last Report

Zip Code

85

3. Date Incorporated or Qualified