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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

Principal Place	MATECUMBE RD	Mailing Address 247 LOWER MAT KEY LARGO FL			
		NET ENROUTE	33037	3. Date Incorporated or Qualified 08/05/1993	3a. Date of Last Report 04/28/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	alc	26		65-0428053	Not Applicable
2	010.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required
3		28		Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 4	Country	Zip	Country	8. This corporation has liability for int	tangible tax under s 199.032,
<u> </u>	[25] 9. Name and Address of Cur	rrent Registered Agent	30	Florida Statutes Yes	
			81 Name	10. Name and Address of New Re	gistered Agent
	WILLIAM		92 0	(DO D. M	
	WER MATECUMBE RD		82 Street Add	Iress (P.O. Box Number is Not Acceptable)
KEY LA	RGO FL 33037		83		
			84 City		es Zin Codo
			1. 17		FL 85 Zip Code
Principant to	the province of Cartions 607 OF	500 1 007 4500 Flexide Out			• • •
or registered	the provisions of Sections 607.05 agent, or both, in the State of FI	502 and 607.1508, Florida Stat lorida. Such change was autho	tutes, the above-named corporized by the corporation's boa	pration submits this statement for the purpor and of directors. Thereby accept the appoin	ose of changing its registered office
	the provisions of Sections 607.05 diagent, or both, in the State of FI , and accept the obligations of, S	502 and 607.1508, Florida Stal Iorida. Such change was autho ioclion 607.0505, Florida Statut	tutes, the above-named corpo prized by the corporation's boates.	ration submits this statement for the purpor and of directors. I hereby accept the appoir	ose of changing its registered office ntment as registered agent. I am
SIGNATURE	the provisions of Sections 607.05 dagent, or both, in the State of Fig. and accept the obligations of, Signature, types or printed rank of registered a,				ose of changing its registered office ntment as registered agent. I am
SIGNATURE _si	gradure, typeo or printed name of registered a. OFFICERS A	igent and title if approable AND DIRECTORS	tutes, the above-named corporation's boates. (NOTE: Registered Agent signature require) 13.	ad when reinstating):	ose of changing its registered office itment as registered agent. I am
SIGNATURE - SI	grature, typed or printed name of registered a, OFFICERS /	igent end title if applicable	(NOTE: Registered Agent signature require		ose of changing its registered office itment as registered agent. I am
SIGNATURE 12. TITLE NAME	grature, typed or printed name of registered a, OFFICERS / D PICON, WILLIAM	opent is of title if appropriate AND DIRECTORS DELETE	NOTE: Registered Agent signature require 13. 1.1 THLE 1.2 NAME	ad when reinstating):	ose of changing its registered office ntment as registered agent. I am DATE ERS AND DIRECTORS IN 12
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR