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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPAFITMENT OF STATE

Katherine Harris

Secretary of State

DOCUMENT # P93000071608

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TITLE	DPST	□ DELETE	11 TITLE	Char	ige Li Addition (
NAME	KELLY, IRENE		1.2 NAME		
STREET ADDRESS	2464 SE FEDERAL HWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994		1.4 CITY- ST- ZIP		
TITLE		☐ DELETE	2.1 TITLE	☐ Char	ige 🗌 Addition 🤇
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		□ DELETÉ	3.1 TITLE	☐ Char	ige
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		□ DELETE	4.1 TITLE	☐ Char	nge 🗌 Addition
NAME			4. 2 NAME		
STREET ADDRES S			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Char	nge
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZJP		

FILED Apr 26, 1999 8:00 am Secretary of State



	1999		7	y of State CORPORATIONS	04-26-1999 902	-	.00
DOCUN 1. Corporation TULA, IN	Name	930000	71608		1 10 011 2 2 1 12 0 10 10 0 0 1111 0 0 111 0 0 111 0 0 111	H OBH 1884 HOIO DHA B	8: 8: (#10 : 1 88)
Principal Place	of Business		Mailing Address			(EL MRELL HOURS FINIO BELLI I	ELET ION TOOL
•			2464 SE FEDERAL HWY				
2464 SE FEDER Stuart FL 349			STUART FL 34994			CTURN CRACE	
					DO NOT WRITE IN 3. Date Incorporated or Qualified	THIS SPACE	
					10/07/1993		
2. Principal 3	ace of Business		2a. Mailing Address		4. FEI Nur iber	Api	olied For
(200 01 808020	├	26		65-0443023	Not	Applicable
Suite, Ap . 1	≠, etc.		Suite, Apt. #, etc.		5. Certifca e of Status Desired	\$8.75 A	ſ
2		2	27			Fee Re	<u> </u>
City & State)	-	City & State		6. Election Campaign Financing	\$5.00 Added to	
3	Count	+	Zip	Country	Trust Fill d Contribution 8. This corporation owes the current y		ees
Zìp	25	· –	29	30	Person: I Property Tax.		[]No
4	9. Name and Addr				10. Name ∉nd Address of New Regis	sterec Agent	
				81 Name			
	em, loren e			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	COLORADO AVE.						
	E 305			83			
SIU	ART FL 34994			<u> </u>			
J. 0/				84 City		85 Zip C	cae
44	o the provisions of Sec	tions 607.0502 an	id 607.1508, Florida Statut	ac the above named cor	poration submit: this statement for the purp	ose of changing its	re gistered
11. Pursuar t to office or reagent. I ar	egistered agent, or both n familiar with, and acc	i, in the State of Fl ept the obligations	lorida. Such change was a s of, Section 607.0505, Flo	es, the above-named corporation	on's board of directors. I nereby accept the	ose of changing its	re gistered ji::tered
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CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 3)(i). 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 cha nent with an address, with a lother like empowered

SIGNATURE:

NAME OF SIGNING OFFICER: OR DIRECTOR