Mailing Address 4600 OCEAN BLVD. STE. 212

BOYNTON BEACH FL 33435

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State \$5 FT 15 111 to 26 DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

					1 1/23/ 1893			
	Place of Business 2a. Mailing Address				4. FEI Number		Applied For	
1 I-2	Il Palm drive 26				65-0453392	_ [N	lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional	
2 27					5, Certificate of Status Desired	Fee Required		
City & State					6. Election Campaign Financing		May Be	
13 Bring Breezes, 128					Trust Fund Contribution	Added to Fees		
Zip Country Zip Zip Country 3 3 4 3 5 25 Palm Beach 29 30					8. This corporation owes the current year Intangible			
				Personal Property Tax. [] Yes No				
	9. Name and Address of Current Registered Agent		31	Name	10. Name and Address of New Registered A	gent		
SKAGGS, SANDRA W				o i Name				
5000 NORTH OCEAN BLVD. BRINY BREEZES FL 33435			82 Street Address (P.O. Box Number is Not Acceptable)					
			33					
D1 41	THE STREET OF COLOR	°	3					
		8	34	City		85 Zıp	Code	
	to the provisions of Sections 607.0502 and 607.1508, Florida Statu				FL.			
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable (NOTE	E Registered Ag	gion:	signature required	when reinstating? DATE			
12.	OFFICERS AND DIRECTORS 13.		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
TILE	DPS DELETE	1.1 TITLE	1.1 TITLE			[] Change	Addition	
AME	SKAGGS, SANDRA W	1.2 NAVI	F					
TREET ADDRESS	-211 PALM DR.	1.3 STREET ADDRES 1.4 City-ST-Zip		ADDRESS	1000027783	34 1	3	
1TY-\$1-ZIP	BRINY BREEZES FL			ZIP	-02/ <u>17/9</u> 901	<u>-880</u>	-012	
ITLE	DELETE	21 TITLE	F		***150.00	***	150⊃®®i∞	
ME	Skaggs, Jay D.	22 NAM		ļ				
STREET ADDRESS		23 STRE	EET	ADORESS				
XTY-ST-ZIP			2 4 CiTY+\$T+ZiP					
TLE	(Treasurer) DELETE 31				· · · · · · · · · · · · · · · · · · ·	_] Change	[]] Additio	
AME	Skaggs, Jay D.	3.2 NAME	E					
TREET ADDRESS	3	- 33 STRE	ETA	ADDRESS				
TY-ST-ZIP	Same	34 CiTY	-ST	-ZIP				
TLE	(Secretary) DELETE	4.1 TITLE	4.1 TITLE		I	_] Change	☐ Additio	
NAE.	Skaggs, Sandra W.	4 2 NAM	Œ					
TREET ADDRESS	Sicretty, Carlos a IV.	43STRE	E F /	ADORESS				
TY-ST-ZIP	Same	4.4 CITY	-ST	ZIP				
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CITY-ST-ZIP								
		5 4 CITY-						
m.e	DELETE	5 4 CITY-	·st.			Change	Addition	

14. 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 changed, or on an attachment with an address, with all other like empowered.

63 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS