PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMEN Sandra B. Mort Secretary of S DIVISION OF CORPO		F STATE						
1. Corporation	MENT # n Name & THEN, INC.	P940000	02691 (	1)						
Principal Place 2621 SE OCI STUART FL : US	EAN BLVD.		lailing Address 2621 SE OCEAN BL' STUART FL 34996 US	VD.						
2 Principal Pl	ace of Business		Molling Addison		···	3. Date Incorporated or Qualified 01/03/1994     4. FEI Number	3a. Date 07,	11/199	95	
21		26	. Mailing Address			65-0461676		<b>)</b>	Applied For Not Applicab	ole
Suite, Apt.	#, etc.	27]	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional Required	
City & State	Э	28	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.0	0 May Be	
Zip 24	25	ountry 29	Zip	30	untry	8. This corporation has liability for Florida Statutes 🔀 Yes	intangible tax			
2621 SE STUART 11. Pursuant t or register	eo agent, or both, ir	Sections 607.0502 and 60 n the State of Florida. Sucl obligations of, Section 607	i change was autho	nizea by the	83 84 City	ress (P.O. Box Number is Not Acceptate oration submits this statement for the pu and of directors. I hereby accept the app	FL		o Code egistered offi agent. I am	ìce
SIGNATURE	Signature, typed or printed	name of registered agent and title if	applicable	[NOTE: Registere	l Agent's gnature requir	ed when reinstating)	DATE			
12. TITLE	<b>D</b>	OFFICERS AND DIFIE	OTORS DELETE	<b>13.</b>		ADDITIONS/CHANGES TO OFF	<u>-</u> -			38
NAME STREET ADDRESS CITY-ST-ZIP	AMIANO, GLO 5 ISLAND RO STUART FL		Diversi	1.2 N 1.3 S			L.	Change	☐ Addition	E034 (
TITLE		AND THE REST OF THE PARTY AND	☐ DELETÉ	2 1				Change	Addition	S
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CITY-ST-ZIP TITLE NAME			☐ DELETE	3 4 C 4. 1 T 4.2 N				Change	Addition	'
STREET ADDRESS  DITY-ST-ZIP					REET ADDRESS					
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NAME STREET ADDRESS					IREET ADDRESS					
CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	6 1 T 62 N 6.3 S 6.4 C	MME TREET ADORESS TY-ST-ZIP		_	Change	Addition	
oath; that i	the intormation that I am an officer or dir	cared on this abbillacteror	t or supplemental ar the receiver or trus	rnished and noual report i	does not qualify t	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 607, Fix	same legal e orida Statutes	fect as if ; and tha	manda wada	