## 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 #
1. Corporation Name

P9400006748 (5)

	101	4410	DEALTY	MIO
1 ANSING	ISL A	ANU	HEALLY.	ING.

Principal Place of Business Mailing Add 50 LANSING ISLAND DR. 1790 H		Address ) HWY A1A		1 104(105) 110 15(1) 4(6) 44(1) 4			1617 1401	
INDIAN HARBOUR BEACH FL 32937	SUF	SUITE 209 SATELLITE BEACH FL 32937 US						
	- ·			3. Date Incorporated or Qualified 01/27/1994	-	Last Report 5/30/1995		
. Principal Place of Business	2a. Mail	ing Address			4. FEI Number		Applied F	
	26				59-3223291		Not Appl	
Suite, Apt. #, etc.	27 Suite	e, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Addition	d
City & State	<b>├</b> ─┐ '	& State			6. Election Campaign Financing		\$5.00 May E	
	28		Countr		Trust Fund Contribution  8. This corporation has liability for		Added to Fee	
Zip Country <b>25</b>	Z <sub>I</sub> p [ <b>29</b> ]		30	y		s DNo	Original 185.05	
9. Name and Address		I Agent	1001		10. Name and Address of New I	Registered Ag	gent	
			8	1 Name			-	
MCWILLIAMS, JOAN			8:	2 Street Ade	dress (P.O. Box Number is Not Accepta	rple)		
1790 HIGHWAY A1A			"	Silber Auc	Gress (F.C. Box 16.100 is 110.1000).			
SUITE 209			8:	3				
SATELLITE BEACH FL 32937			i.	4 City			85 Zip Code	
Pursuant to the provisions of Sections				1 '		FL	[ ·	
or registered agent, or both, in the Sta familiar with, and accept the obligation								
familiar with, and accept the obligation SIGNATURE Stanton, typed or printed name of re	gistered agent and title if a wheat			ent signature requir	red when reinstaling)  ADDITIONS/CHANGES TO OF	DATE FICERS AND D	DIRECTORS IN 1	12
familiar with, and accept the obligation  Slandfure: typed or printed name of re  2. OFF1		S	13.		red when renetaling)  ADDITIONS/CHANGES TO OF	FICERS AND D	DIRECTORS IN 1	
familiar with, and accept the obligation  SIGNATURE  Standard typed or printed name of re  OFF1  THE PST	general agent and title if an lead CERS AND DIRECTOR		13.			FICERS AND D		
familiar with, and accept the obligation  SIGNATURE  Standing typed or printed name of re  C. OFFI  THE PST  ANY MCWILLIAMS, JOA	gebrort agent and title if ay keal CERS AND DIRECTOR	S	13. 1.1 TITU 1.2 NAM			FICERS AND D		
familiar with, and accept the obligation SIGNATURE  Supportion typed or printed name of re  2. OFFI  ITH  PST  MCWILLIAMS, JOA  1790 HWY A1A, SI	gebrot agent and title if a <sub>ll</sub> \$ca CERS AND DIRECTOR N UITE <b>209</b>	S	13. 1.1 TITU 1.2 NAM	E E ET ADDRESS		FICERS AND D	Change Ac	
familiar with, and accept the obligation SIGNATURE  Standing typed or printed name of re  2. OFFI  ITHE PST  MCWILLIAMS, JOA  1790 HWY A1A, SI  SATELLITE BEACH	gebrot agent and title if a <sub>ll</sub> \$ca CERS AND DIRECTOR N UITE <b>209</b>	S	13. 1.1 TITL 1.2 NAMI 13 STRE	E E ET ADDRESS -SI-ZIP		FICERS AND D		dd-tion
familiar with, and accept the obligation SIGNATURE  Superfront speed or printed name of re  2. OFF1  PST  MCWILLIAMS, JOA  1790 HWY A1A, SI  SATELLITE BEACH	gebrot agent and title if a <sub>ll</sub> \$ca CERS AND DIRECTOR N UITE <b>209</b>	ES DELETE	13. 1.1 TITU 1.2 NAM 1.3 STRE 1.4 CITY	E ET ADDRESS - SI - ZIP		FICERS AND D	Change Ac	dd-tion
familiar with, and accept the obligation SIGNATURE  2. OFFI  MUE  AME  AME  AME  ARELI ADDRESS  UY-SI-7IP  SATELLITE BEACH  MAE  MAE  MAE  SATELLITE BEACH	gebrot agent and title if a <sub>ll</sub> \$ca CERS AND DIRECTOR N UITE <b>209</b>	ES DELETE	13. 1.1 TITLI 1.2 NAM 13 STRE 14 CITY 2 1 TITL 22 NAM	E ET ADDRESS - SI - ZIP		FICERS AND D	Change Ac	dd-tion
familiar with, and accept the obligation DIGNATURE  Standard typed or printed name of re  2. OFF1  PST  MCWILLIAMS, JOA  1790 HWY A1A, SI  SATELLITE BEACH  THE LADDRESS TY ST-ZIP  THE LADDRESS TY ST-ZIP	gebrot agent and title if a <sub>ll</sub> \$ca CERS AND DIRECTOR N UITE <b>209</b>	ES [] DELETE	13. 1.1 TIGU 1.2 NAM 13 STRE 14 CITY 2 1 TIGU 22 NAM 23 STRE 24 CITY	E E E FT ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP		FICERS AND C	Change Ac	dd/tion
familiar with, and accept the obligation IGNATURE  Standing typed or printed name of re  2. OFFI  ILF  MCWILLIAMS, JOA  1790 HWY A1A, SI  SATELLITE BEACH  ILF  MMI  IME I ADDRESS  ITY ST-ZIP  ILF  ILF	gebrot agent and title if a <sub>ll</sub> \$ca CERS AND DIRECTOR N UITE <b>209</b>	ES DELETE	13. 1.1 TIGU 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TIGU 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TIGU	E E ET ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP E		FICERS AND C	Change Ac	dd/tion
familiar with, and accept the obligation SIGNATURE  Standard typed or printed name of re  2. OFFI  AME  AME  AME  AME  AME  AME  AME  AM	gebrot agent and title if a <sub>ll</sub> \$ca CERS AND DIRECTOR N UITE <b>209</b>	ES [] DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM	E E ET ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP E E ET ADDRESS		FICERS AND C	Change Ac	dd/tion
familiar with, and accept the obligation DIGNATURE  Standing typed or printed name of re  2. OFFI  THE PST MCWILLIAMS, JOA 1790 HWY A1A, SI SATELLITE BEACH THE LADDRESS TY ST-ZIP THE LADDRESS TY ST-ZIP THE LADDRESS TY ST-ZIP THE LADDRESS TREEL ADDRESS TREEL ADDRESS	gebrot agent and title if a <sub>ll</sub> \$ca CERS AND DIRECTOR N UITE <b>209</b>	ES [] DELETE	13. 1.1 TIGU 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITU 3.2 NAM 3.3 STR	E E ET ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP E E ET ADDRESS		FICERS AND C	Change Ac	dd/tion
familiar with, and accept the obligation DIGNATURE  Standard typed or printed name of re  2. OFFI  THE PST MCWILLIAMS, JOA 1790 HWY A1A, SI SATELLITE BEACH THE TADDRESS TY SI-ZIP THE TADDRESS TY SI-ZIP THE TADDRESS	gebrot agent and title if a <sub>ll</sub> \$ca CERS AND DIRECTOR N UITE <b>209</b>	ES [] DELETE	13. 1.1 TIGU 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITU 3.2 NAM 3.3 STR	E E ET ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP E E E EFI ADDRESS -SI-ZIP		FICERS AND C	Change Ac	dd/tion
familiar with, and accept the obligation SIGNATURE  Standard typed or printed name of re  2. OFFI  THE PST MCWILLIAMS, JOA 1790 HWY A1A, SI SATELLITE BEACH  THEFT ADDRESS TY SE ZIP THEFT ADDRESS	gebrot agent and title if a <sub>ll</sub> \$ca CERS AND DIRECTOR N UITE <b>209</b>	S   DELETE   DELETE   DELETE	13. 1.1 TIGU 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITU 3.2 NAM 3.3 STR 3.4 CITY	E E ET ADDRESS -SI-ZIP E E ET ADDRESS -ST-ZIP E E EFI ADDRESS -SI-ZIP E EFI ADDRESS -SI-ZIP E		FICERS AND C	Change Ac	dd-tion addition
familiar with, and accept the obligation of GNATURE  Standing typed or printed name of receiving the post of the p	gebrot agent and title if a <sub>ll</sub> \$ca CERS AND DIRECTOR N UITE <b>209</b>	S   DELETE   DELETE   DELETE	13. 1.1 TIGU 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITU 3.2 NAM 3.3 STR 3.4 CITY 4.1 TITU 4.2 NAM	E E ET ADDRESS -SI-ZIP E E ET ADDRESS -ST-ZIP E E EFI ADDRESS -SI-ZIP E EFI ADDRESS -SI-ZIP E		FICERS AND C	Change Ac	dd-tion addition
familiar with, and accept the obligation SIGNATURE  Standard, typed or printed name of re  2. OFFI  AME  AME  AME  AME  AME  AME  AME  AM	gebrot agent and title if a <sub>ll</sub> \$ca CERS AND DIRECTOR N UITE <b>209</b>	S   DELETE   DELETE   DELETE	13. 1.1 TIGU 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITU 3.2 NAM 3.3 STR 3.4 CITY 4.1 TITU 4.2 NAM 4.3 STRE	E E ET ADDRESS -SI-ZIP E E ET ADDRESS -ST-ZIP E E EFI ADDRESS -ST-ZIP E E EFI ADDRESS -SI-ZIP E E		FICERS AND C	Change Add	addition addition
familiar with, and accept the obligation of control of the control	gebrot agent and title if a <sub>ll</sub> \$ca CERS AND DIRECTOR N UITE <b>209</b>	S   DELETE   DELETE   DELETE	13. 1.1 TIGU 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITU 3.2 NAM 3.3 STR 3.4 CITY 4.1 TITU 4.2 NAM 4.3 STRE	E E ET ADDRESS -SI-ZIP E E E ET ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP E E E-SI-ZIP E E E-SI-ZIP E E E-SI-ZIP		FICERS AND C	Change Add	dd-tion addition
familiar with, and accept the obligation SIGNATURE  Standard typed or printed name of re  2. OFFI  THE PST MCWILLIAMS, JOA 1790 HWY A1A, SI SATELLITE BEACH THE LADDRESS TY ST-ZIP THE	gebrot agent and title if a <sub>ll</sub> \$ca CERS AND DIRECTOR N UITE <b>209</b>	DELETE	13. 1.1 TIGU 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITU 3.2 NAM 3.3 STR 3.4 CITY 4.1 TITU 4.2 NAM 4.3 STRE 4.4 CITY	E E E E FT ADDRESS -SI-ZIP E E E ET ADDRESS -SI-ZIP E E EFI ADDRESS -SI-ZIP E E E E-SI-ZIP E E E E E-SI-ZIP E E E E E E E E E E E E E E E E E E E		FICERS AND C	Change Add	addition addition
familiar with, and accept the obligation SIGNATURE  Standard typed or printed name of re  2. OFFI  THE PST MCWILLIAMS, JOA 1790 HWY A1A, SI SATELLITE BEACH THE LADDRESS TY SI-7IP THE THE LADDRESS TY SI-7IP THE THE LADDRESS TY SI-7P THE THE LADDRESS	gebrot agent and title if a <sub>ll</sub> \$ca CERS AND DIRECTOR N UITE <b>209</b>	DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.3 STRE 5.3 STRE 5.4 STRE 5.4 STRE 5.5 STRE	E E E E E FT ADDRESS -S1-ZIP E E E ET ADDRESS -S1-ZIP E E E EFT ADDRESS -S1-ZIP E E E E E E E E E E E E E E E E E E E		FICERS AND C	Change Add	addition addition
familiar with, and accept the obligation SIGNATURE  Superiors typed or printed name of re  2. OFFI  THE PST MCWILLIAMS, JOA 1790 HWY A1A, SI SATELLITE BEACH THE LADDRESS TY SI-7IP THE THE LADDRESS TY SI-7IP	gebrot agent and title if a <sub>ll</sub> \$ca CERS AND DIRECTOR N UITE <b>209</b>	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY	E E E E FT ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP E E EFI ADDRESS -SI-ZIP E E E E E E E E E E E E E E E E E E E		FICERS AND C	Change Add	addition  Addition
familiar with, and accept the obligation SIGNATURE  Superiors, typed or printed name of re  2. OFFI  PST MCWILLIAMS, JOA 1790 HWY A1A, SI SATELLITE BEACH  THE LADDRESS TY ST-ZIP THE TAME SIREL ADDRESS TY-ST-ZP THE THE TAME THE TADDRESS TY-ST-ZP THE THE THE TADDRESS TY-ST-ZP THE THE TAME	gebrot agent and title if a <sub>ll</sub> \$ca CERS AND DIRECTOR N UITE <b>209</b>	DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.	E E E E E E E E E E E E E E E E E E E		FICERS AND C	Change Acc	addition addition
familiar with, and accept the obligation SIGNATURE  2. OFFI  THE PST MCWILLIAMS, JOA 1790 HWY A1A, SI SATELLITE BEACH THE LADDRESS THY ST-ZIP THE TAME THE LADDRESS THY ST-ZIP THE TAME THE LADDRESS THY ST-ZIP THE THY	gebrot agent and title if a <sub>ll</sub> \$ca CERS AND DIRECTOR N UITE <b>209</b>	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STR 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 6.1 TITLE 6.2 NAM 6.3 STRE 6.2 NAM 6.3 STRE 6.3 STRE 6.3 STRE 6.4 CITY 6.1 TITLE 6.2 NAM 6.3 STRE 6.3 STRE 6.3 STRE 6.3 STRE 6.3 STRE 6.4 STRE 6.4 STRE 6.4 STRE 6.4 STRE 6.4 STRE 6.5 STRE 6	E E E E ET ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP E E EFI ADDRESS -SI-ZIP E E E EI ADDRESS -SI-ZIP E E E-SI-ZIP E E		FICERS AND C	Change Add	addition  Addition  Addition
familiar with, and accept the obligation SIGNATURE  Standard typedic printed name of re  12. OFFI  ITHE PST  AME MCWILLIAMS, JOA  1790 HWY A1A, SI	gebrot agent and title if a <sub>ll</sub> \$ca CERS AND DIRECTOR N UITE <b>209</b>	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STR 3.4 CHY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM 6.3 STRE	E E E E E E E E E E E E E E E E E E E		FICERS AND C	Change Add	addition  Addition

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-96 407-177-5054