FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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FLORIDA DEPARTMENT OF STATE

	CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS						
1. Corporatio		0008508 (1) Inc.			A IDANICAN DIE IANN ANAN BANG BARK	AANK AANN BANG IANA AHN	i areli deli degi
Principal Place of Business Mailing Address 1104 N. COLLIER BLVD. MARCO ISLAND FL 33937 MARCO ISLAND FL 33937							
					3. Date Incorporated or Qualified 02/02/1994	3a. Date of Last Re 05/01/199	eport 95
2. Principal F	Pace of Business	2a. Mailing Address	· · · · ·		4. FEI Number 65-0464252	⊢ 1-	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
Oity & Stal		Orty & State			Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Zip	Country 25	Zip	Country 30		8. This corporation has liability for i		
24	g Name and Address of Curren		301		10. Name and Address of New R	_	
			81	Name			
GREUSEL, JAMIE B 8 BERRY & GREUSEL			Street Ad	Address (P.O. Box Number is Not Acceptable)			
. 1104 N	I. COLLIER BLVD.		83				
' MARC	O ISLAND FL 33937		84	City		FL 85 Zi	p Code
or registe famil ar v	to the provisions of Sections 607.0502 ared agent, or both, in the State of Florid with, and accept the obligations of, Secti	ila. Such change was authorized	the above-r by the corp	named corp oration's bo	oration submits this statement for the pur ard of directors, I hereby accept the app	pose of changing its r	egistered office Lagent, Lam
SIGNATURE	Synchus, based or prince in more of registered agent	and title if applicates (NOTE		nt signature rexpu	ired when reinstaling)	DATE	
12.	OFFICERS AND DIRECTORS PST T DELETE		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	ORS IN 12
NAME	BROWN, KENNETH I	☐ DELETE	1. 1 TITLE 1.2 NAME 1.3 STREET	ADDDCCC		□ Cliange	☐ Addition
STREET ADDRESS CHY ST ZZ	MARCO ISLAND FL		1.3 3 Ince 1	1			
HUE		DELETE	2.1 TITLE 2.2 NAME			Change	Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET	ADDRESS			
CHY-ST-ZIP	[] DELETE		2.4 CITY-5 3.1 TITLE	ST - ZIP		☐ Change	Addition
NAME		Doctor	3 2 NAME			<u></u>	_
STREET ADDRESS			33 STREE				
OIN SLZIE				ST-ZIP			
7111.5		DELETE	4 1 TITLE			☐ Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			4 3 STREET				
CITY ST ZOT		4.4 CITY-ST-ZIP DELETE 5.1 TITLE		51 · ZIP		Change	Addition
NAME			5 2 NAME				-
STREET ADDRESS	3		5 3 STREE	T ADDRESS			
CHY-ST ZIP			5.4 CiTY-1	ST-ZIP			
TILLE		☐ DELETE	6 1 TITLE		20000174 -03/19/96010	783 06 ®	Addition
NAME:			6.2 NAME		-U3/19/96U1U)1 (U14	
STREET ADDIRESS	5		63 STREE	1 ADDRESS	***200.00		

64 CITY - ST - ZIP 14. Ldo hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify that I are 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 changed, or on a lattachment with a laddress.

SIGNATUR

CR2E034 (12/95)