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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000026167 (4	UMENT #	000026167 (4	4)
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Mailing Address		
725 N A-1-A SUITE C205 JUPITER FL 33477-563 US		
	725 N A-1-A Suite C205 Jupiter FL 33477-563	



US	JUPITER FL 33477-563			
05	US		3. Date Incorporated or Qualified	3a. Date of Last Report
(2) Principal Place of Business	(2a) Mailing Address		04/04/1994 4. F£I Number	01/18/1995
21 1000 Winderley Place	-3		65-0477859	Applied For
Suite, Apl. #, etc.	26 1000 Winde:	riey Place	05/04/7009	Not Applicable
22 Suite 242	27 Suite 242		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State		6. Election Campaign Financing	Fee Required
Maitland, Fl	28 Maitland,	R1	Trust Fund Contribution	\$5.00 May Be
Zip Country	Zip	Country	8. This corporation has liability for	Added to Fees
24 32751 25 Orange	29 32751	Orange		r Intangible tax under s. 199.032, s. Tho
Name and Address of Current	Registered Agent	Jungo	10. Name and Address of New I	
	anic h	81 Name		
MUELLER, MARY K MR	rried	mary	Mueller Holtz	
10898 SE HOBART STREET		DE OUBSTAGGE	222 (L.O. DOX MULIDELIZ MOLACCEDIS	Ole)
TEQUESTA FL 33469		1031	Winderley Place	<u> </u>
			ite 242	····
		84 City	tland	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 a	and 607.1508, Florida Statutes.			FL   B2751
or registered agent, or both, in the State of Florida familiar with, and accept the obligations of, Section	Such change was authorized I     607 0505, Florida Statutes	by the corporation's bear	d of directors. I hereby accept the app	ointment as registered agent. Lam
SIGNATURE _	11 507,0000, Florida Statutes.			
Signature, typed or printed name of registered agent a	nd title 1 applicable (NOTE: I	Registered Agent signature required	When ministatival	DATE
<ol> <li>OFFICERS AND</li> </ol>		13.	ADDITIONS/CHANGES TO OFF	
D Holtz, Mary	☐ DELETE	1.110TLE D H	oltz, Mary Pres	
NAME MUELLER, -MARY-		1.2 NAME	orez, hary pres	iden <del>c</del>
STREET ADDRESS 10898 SE HOBART STREET	MARRIED NAME.	1.3 STREET ADDRESS	00 Winderley Pla	ce #242
CITY-ST-ZIP TEQUESTA FL 33469	lat to 1 decem	14 CITY-ST-ZIP Ma	itland, F1 32751	
FITLE	☐ DELETE	2 1 TITLE		Change Addition
NAME		2 2 NAME		
STREYT ADDRESS		2.3 STREET ADDRESS		
C/IY+SI+ZIF		2 4 CITY - ST - ZIP		
TIFE	☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAM		3.2 NAME		
STHEE! ADDRESS		33 STREET ADDRESS		
CITY-S1-7IP		3.4 City-St-ZiP	•	i
FILE	DECETE	4 1 TITLE		Change Addition
NAME		4 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
City-St-Zir		4.4 CITY - ST - ZIP		
THLE	DELETE	5 1 TITLE		Change Addition
N/ME		5.2 NAME		
SIREE* ADDRESS		5 3 STREET ADDRESS		İ
C(12Y - S2 - 7)P		54 CITY-ST-ZIP		
11'LE	☐ DELETE	6 1 TITLE		Change Addition
NAME		62 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITX - 81 - ZIP	,	6 4 Crity-St-ZiP		

do 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 logal 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.

SIGNATURE: MAKY HOLTZ. 1-17-96 4076678929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Objective Proce 8