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

PROFIT COPPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P94000032855 (6)

WARHURST ENTERPRISES COCOA BEACH, INC.

WANTONST ENTENENISES GOODA BEACH, INC.												
Pr	incipal Place of Busine	ess	Maile	ig Address	.,						I IBIBI BINDI	#111 1 # #1
1890 SEMORAN BLVD Suite 393 Winter Park Fl 32792				1890 SEMORAN BLVD SUITE 393 WINTER PARK FL 32792								
			·	WITH FAIR IL SEISE				3. Date incorporated or Qualified 3a. Date of Last Report 05/01/1995				
2. 21	2. Principal Place of Business			2a, Mailing Address 26				4. FEI Number 59-3242596	Applied For ★ Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				38 3242390			V	
22	22							5. Certificate of Status Desired			5 Addition	
23	City & State			City & State				Election Campaign Financing Trust Fund Contribution		T	00 May led to Fee	
	Zip	Country			Zip Country			This corporation has liability for intangible tax under s. 199.032,				
24		25 29 30						Florida Statutes Yes No				
-	9. Na	me and Address of Cu	rrent Register	red Agent		11		10. Name and Address of New R	egistered .	Agent		
	, ATAMB MARY	141 E 10			l°	"	Name					
STAMP, MARTIN F JR. 201 S ORANGE AVE					8	2	Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
- SUITE 900					8	3		- 474				
	ORLANDO FL	32801			8	4	City			85 2	Zıp Code	
	or registered agent, familiar with, and ac GNATURE	visions of Sections 607 C or both, in the State of F scept the obligations of, S ped or processors of Eq. (5) 45	llarida Such el Section 607.05	hange was authorize 05, Florida Statutes	ed by the co	pē.	iamed corpora oration is board	tion submits this statement for the pur Lof directors. Thereby accept the appo	ointment as	inging its registere	registere d agent	d office Lam
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	I, I do hereby certify to	nat the information suppl	ed with this file	ng is voluntarily furn	shed and do	พาร	s not quality for	the exemption stated in Section 119.	07(3)(k), Flo	rida Stat	utos I fur	tner
	certify that the information oath; that I am an o	mation indigata for this a	annual region to orpodulon unit	r supplemental annu ie revealer op kasted	Jajurgoon is i	trut	e area accurate	and that my signature shall have the report as required by Chapter 607, Fig.	same legali	effect as	if made u	under

SIGNATURE:

appears in Block 12 or B-

NATURE AND TYPED ON PRINTED NAME OF AGNING OFFICER OF DIRECTOR

786 467-678-114