FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000039758 (5) 1. Corporation Name

FILED Apr 21 1997 8:00am Secretary of State

Principal Plac		Mailing Address	12-16-2		
TAVERNIER FL		TAVERNIER FL 33070-063	4		Date Incorporated or Qualified
					05/23/1994 05/01/1996
)	lace of Business	2a. Mailing Address			4, FEI Number Applied For
Suite, Apt	# 6-10	Suite, Apt. #, etc.	***************************************		65-0490077 Not Applicat
22	-1 -1	27			5, Certificate of Status Desired Fee Required
City & Stat	ប	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
<i>Z</i> ip	Country	Zip	Country	4	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29 	30		Florida Statutes Yes No 10. Name and Address of New Registered Agent
	 Name and Address of Current WUYST, MARK 	il Hegistered Agent	81	Name	
145	ORCHID ST ERNIER FL 33070		82 83		t Address (P.O. Box Number is Not Acceptable) \$3 Planta how Shotes Drive FL B5 Zip Code
office or r agent 1 a SIGNATURE	registered agent, or both, in the State in familiar with, and accept the obligation Separate transfer professional agents age				d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered are required when reinstating) DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIDLE	P	☐ DELETE	1.1 TITLE		Change Additi
NAM [®]	DE VUYST, MARK		1.2 NAME		Phillip weydoner per Laborer 127 Laborer Lane
STREET ASSURESS	145 ORCHID ST			T ADDRESS	V: 1 22037
00Y-S1-73*	TAVERNIER FL 33070	X DELETE	1.4 CITY- 2.1 TITLE	ST-ZIP	REY LAKED FL 33037 PS ACCORD Addition
I TITLE NAME	V V	pettie	2.1 VILE 2.2 NAME		Dallaseet Mark
STREET ADORESS	HENDERSON, GREGORY S 2231 NE 191 ST			T ADDRESS	PS De Vuyst Mark 153 Plantahon Shore - Drive Towerer FL 33070
CHY-ST-ZIP	N MIAMI BEACH FL 33180		2.4 CITY-		Tarrines GL 33070
TITLE	II HINNEL DESCRIPT SALVO	DELETE	3.1 TITLE		Change Additi
NAMÉ			3.2 NAME		
STREET ADDRESS			3.3 STREE	T ADDRESS	
CITY - ST - ZIP			3.4. CITY-	ST-ZIP	
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NAME			6.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY - ST - ZIP	1		6.4 CITY -	ST-ZIP	

I do hereby cert by that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 estachment with an address.