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 # P94000047159 (6)

Principa Place of Business	Mailing Address	.01-07				
746 AZALEA LANE VERO BEACH FL 32963 US	748 AZALEA LANE VERO BEACH FL 32963-19 US	43				
				3. Date incorporated or Qualified 06/23/1994	3a. Date of Last R 06/05/1996	
2. Principal Place of Business	2a. Mailing Address		;	4. FEI Number 54-3267514	r- 	oplied For ot Applicable
Suite Apt #, etc	Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75	Additional
City & State	City & State			6. Election Campaign Financing		equired
[23]	28			Trust Fund Contribution		May Be to Fees
Zip Country	Zip	Country		8. This corporation has liability for		199.032,
24 25	29	30			Yes 🔼 No	
9. Name and Address of Current	Registered Agent	81 (Name	10. Name and Address of New Re	gistered Agent	
DE LA CASAS, ROBERT 746 AZALEA LANE				(0.0.0.1)		
VERO BEACH FL 32963		82 5	Street Addres	ss (P.O. Box Number is Not Acceptat	ole)	
		83		· · · · · · · · · · · · · · · · · · ·		
		84	City		[85 Zip i	Code
	4141	1 1	-			
 Pursuant to the provisions of Sections 607,0502 office or registered agent, or both, in the State cagent. Lam familiar with, and accept the obligat 	of Florida, Such change was a tions of, Section 607.0505, Fic	ies, the above-r authorized by th orida Statutes.	named corpo he corporatio	ration submits this statement for the purished by acceptions and acceptance of directors. I hereby acceptions	pt the appointment as	registered
SIGNATURI Stgraters, typed or printed name of registered agont	it and title if applicable (NOT	E: Registered Agent			DATE	
SIGNATURI Signature, typed or perteat name of egistered agent 12. OF FICERS AND	DIRECTORS		signature required		CERS AND DIRECTOR	
Signation, typed or product ratios of registered agent 12. OF FICERS AND THE V		TE: Registered Agent in 13.	signature required	wher reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTOR	
Signators, bysed or pricted name of expirite ediagon 12. OF FICERS AND THE V NAME DE LA CASAS, ROBERT	DIRECTORS	E: Registered Agent i 13. 1.1 TITLE 1.2 NAME	signature required	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTOR Change	
12. OF FICERS AND THE V NAME DE LA CASAS, ROBERT 746 AZALEA LANE	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET AD	signature required	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTOR Change	
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14. If the hereby certify 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 arrival 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 arri 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:

REQUIRED

561 231 1644

FILED

Apr 22 1997 8:00am

Secretary of State

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