

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
TALLAHASSEE, FLORIDA 32304

APPROVED
AND
FILED

95 APR 22 AM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000054932 (6)**

THIS, INC.

Principal Place of Business:
P.O. BOX 651031
VERO BEACH FL 32965

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P.O. BOX 651031
VERO BEACH FL 32965

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **07/25/1994**
3a. Date of Last Report

4. FEI Number: **05-0501501**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for integrated tax under Chapter 202, Florida Statutes: Yes No

2. Principal Place of Business:
21. **365 27th AVE. S.W.**

2a. Mailing Address:
25. **U.S.A.**

22. **#16**

27. **VERO BEACH, FL**

23. **VERO BEACH, FL**

28. **VERO BEACH, FL**

24. **32968**

29. **VERO BEACH, FL**

9. Name and Address of Current Registered Agent

**HARVEY, JACQUELYN T
805 25TH AVE.
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0902 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0905, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	HARVEY, JACQUELYN T
STREET ADDRESS	805 25TH AVE.
CITY & STATE	VERO BEACH FL 32960
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	

14. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME	
16. STREET ADDRESS	
17. CITY & STATE	
18. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME	
20. STREET ADDRESS	
21. CITY & STATE	
22. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. NAME	
24. STREET ADDRESS	
25. CITY & STATE	
26. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. NAME	
28. STREET ADDRESS	
29. CITY & STATE	
30. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. NAME	
32. STREET ADDRESS	
33. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and reliable for the purposes stated in Sections 607.0902 and 607.1508, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and reliable and that the corporation shall have the same published in its annual report or that any officer or director of the corporation or the financial institution empowered to prepare the report as required by Chapter 202, Florida Statutes, and that the name appearing in Block 12 or Block 13 is changed or corrected in full with an address.

SIGNATURE: *Jacquelyn T Harvey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 (0012667-0039)