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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000062157 (0)

DOCUMENT #

Principal Place of Business 98310 OVERSEAS HWY KEY LARGO FL 33037 Mailing Address P.O. BOX 872 KEY LARGO FL 33037								
US US		US			3. Date Incorporated or Qualified 08/19/1994	3a . Da	ate of Last Report 04/28/1995	
. Principal Place	of Business	2a. Mailing	Address			4. FEI Number 65-0516094		Applied For Not Applicate
Suite, Apt. #, e	ntc.	26 Suite, a	Apt #, ets			5. Certificate of Status Desired		\$8.75 Additional Fee Required
		27 City 8	State			6. Election Campaign Financing		\$5.00 May Be
City & State		28				Trust Fund Contribution 8. This corporation has liability for		Added to Fees
Zip	Country	Zip		30	untry	Florida Statutes Ye	es ∐No	
	25 9. Name and Address of C	29 urrent Registered A	\gent			10. Name and Address of New	Register	ed Agent
1. Pursuant to t	the provisions of Sections 60 agent, or both, in the State of and accept the obligations of	.0502 and 607.1508 f Florida. Such chang	s, Florida Statu ge was authoric	ites, the at ized by th€	B4 City ove-named corporation's boa	ration submits this statement for the prof of directors. Thereby accept the a		85 Zip Code changing its registered of tas registered agent. Lar
SIGNATURE SU 12. TITLE NAME STREET ADDRESS	D HENNESSEY, DERMC P.O. BOX 260 KEY LARGO FL 3303	RS AND DIRECTORS		13 1 12 13	NAMÉ STREET ACORESS	ADDITIONS/CHANGES TO C	DA	AND DIRECTORS IN 12
DITY+ST-ZIP TITLE NAME STREET ADDRESS	KEY LANGU FL 3303		DEFELL	2	1 TALE NAME 3 STREET ADDRESS			☐ Change ☐ Addit
CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	3	1 TILLE 2 NAME 3 STREFT ADDRESS			Change Add
CITY-ST-ZIF TITLE NAME STREET ADDRESS			DELFTE	4	4 CITY - ST - ZIP 1 TITLE 2 NAME 3 STREET ADDRESS			☐ Change ☐ Add
CITY-ST-Z-P TITLE NAME STREET ADDRESS			DEFELF	5	4 City - ST-Z-P -1 TILE 2 NAME -3 STREET ADDRESS			☐ Change ☐ Add
CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE		5 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 6 3 STREET ADDRESS			☐ Change ☐ Add
City-SI-ZiP 14. I do hereb certify that oath; that appears in	Tam an officer or discourse of the Block 12 or Block 13 if char	he corporation or the ged, or on an attach	receiver or trument with an a	furnished annual repustee empladdress.	owered to execute	y for the exemption stated in Section urate and that my signature shall have this report as required by Chapter 60 training from the first part of the first	119.07(3) e the same)7, Florida	(k). Florida Statutes. I furtie legal effect as if made u Statutes, and that my na