FILE NOW: FILING FEE AFTER MAY 1 IS \$225.0	FII F	NOW-	FII ING	FEE	AFTER	MAY	1	IS	\$225.	0
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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000077355 (3)

Principal Place of 357 IMPERIAL	OF COCOA BEACH, INC. Business	Mailing Address 357 IMPERIAL BLYD BOX 2						
SUITE B-1 CAPE CANAVE	ERAL FL 32920	CAPE CANAVERAL F	L 32920	3. Date Incorporated or Qualified 10/04/1994	3a. Date of Last Report 09/25/1995			
		2a. Mailing Address		4. FEI Number	Applied For			
2. Principal Place	e of Business	26		59-3283204	Not Applicable			
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
22		City & State		6. Election Campaign Financing	\$5.00 May Be			
City & State		28		Trust Fund Contribution	Added to 1 occ			
Zip	Country	Zipi	Country	This corporation has liability for Horida Statutes				
24	25	29	30	10. Name and Address of New Registered Agent				
	9. Name and Address of Curren	t Registered Agent						
	BRUCE J		82 Stree	ot Address (P.O. Box Number is Not Accept.	able)			
357 IMP SUITE B	erial BLVD		83					
	ANAVERAL FL 32920		84 City		85 Zip Code			
1			11 - /	corporation submits this statement for the pass board of directors. Thereby accept the ap-	FL State of the registered office			
SIGNATURE	n, and accept the obligations of, Sect ingrance types or providence of registers takent OFFICERS AN	and the Lacelerable (f		corporation submits this statement for the pins board of directors. Thereby accept the appropriate when recording a ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTORS IN 12			
12.	STD	☐ DELETE	1 1 THISE		Change Addition			
NAME	BECKER, PETER W		1.2 NAME					
STREET ADDRESS	1549 BAYSHORE DRIVE		13 STREET ADDRE	SS				
CITY-ST-ZIP	COCOA BEACH FL 32931	TO COLUM	2.1 THE		Change Addition			
TITLE	PO PETRO, BRUCE J	☐ DEL€ TE	2 7 NAME					
NAME	357 IMPERIAL BLVD B-1		2.3 STREET ADDRE	ss				
STREET ADDRESS	CAPE CANAVERAL FL 329	20	2.4 CHY-ST-ZIP					
CITY - ST - ZIP		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition			
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDR	£SS				
CITY-ST-ZIP			3 4 CHY-\$1 - ZIP 4 1 11 LF		Change Addition			
TITLE		DECETE	4 1 III-LE 42 NAME					
NAME			4.3 STREET ADOR	FSS				
STREET ADDRESS			44 CITY - ST - Z.P.					
CITY - ST - ZIP		DELETE	5 1 THAT		Change Addition			
1(TLF			5.2 NAME					
NAME STREET ADDRESS			5 3 STREET ADDR	ESS				
CITY-ST-ZIP			5.4 CHY-ST-ZIP		Change Addition			
TIFLE		DELETE	6 1 TITLE		_ Shange _ Add to t			
NAMÉ			62 NAMÉ					
STREET ADDRESS			6.3 STREET ADDR					
City -SI - 7IP			6.4 C(1 y - S1 - Z)F	The feet has a constion stated in Section	1.19 07(3)(k), Florida Statutes, I further			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplientential annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or suspection is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report 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:

SIGNATURE

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR