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

DOCU 1. Corporation	MENT # P9400	0093819 (8	3)						
,	AN CITRUS, INC.	•	•						
						18402811 NA 1800 A180 B114 D21	1 8 8 1 1 8 6 1 1	A 1811 (180) (1818: 11818 11818 1881
Principa' Place of Business Mailing Address								F (P/E) I/A) (
3030 PIONEER CIR FT PIERCE FL 34982		3030 PIONEER CIR FT PIERCE FL 34982							
2 Display D	Place of Business					3. Date Incorporated or Qualified 12/27/1994		ate of Last 03/21/1	
21 Principal P	Tade of Business	2a. Mailing Address			4. FEI Number		1	Applied For	
Suite, Apt.	#. elc	26			65-0545591 Not Applicable				
City & Stat		Suite, Apt. #, etc.	27			5. Certificate of Status Desired			75 Additional e Required
23	28					Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
Zip [24]	Country 25]	Ζφ 29	Gour 30	ntry		8. This corporation has liability for Florida Statutes Yes	intangible	tax under	s 199.032,
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R		d Agent	
COLDUT	OFD DODGOV II			81	Name				
SCHWERER, ROBERT V 515 S INDIAN RIVER DR			t	62	Street Add	Iress (P.O. Box Number is Not Acceptable	le)		
FT PIERCE FL 34950			-						
''''	IOL 1 L 34930			83					
				84			F		Zip Code
11. Pursuant or register	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statute	es, the abov	/e-n	amed corpo	ration submits this statement for the pur ard of directors. I hereby accept the appo	pose of c	hanoino its	registered office
familiar wi	th, and accept the obligations of, Section	n 607.0505, Florida Statutes.	eo by the co	orpo	bration's boa	ard of directors. I hereby accept the appoint	intment a	as registere	d agent. I am
SIGNATURE		- r							
12,	Signature, typed or printed name of registered agent at OFFICERS AND	of title if applicable (NO)		gent	signature require	d when reinstating	DATE		
TITLE	DPST	C) po sve				ADDITIONS/CHANGES TO OFF	CERS AN	ND DIRECT	ORS IN 12
NAME	BEMENDERFER, DEBORAH A	Deteit	1. 1 TIT					☐ Change	☐ Addition
STREET ADDRESS	5412 PALM DR			1 2 NAME					
City St-Zin	FT PIERCE FL 34982				ADDRESS				
THE	V	DELETE	2 1 T/T		- ZIP				
NAME	TEMPONE, STEVEN J	_ beech						Change	☐ Addition
STREET ADDRESS	3030 DIONEED CID			2.2 NAME 2.3 STREET ADDRESS					
CHTY-ST-ZIP	FT PIERCE FL 34982		2 4 CiTy						
THILE		DELETE	2 4 (11)		· 20F				

DELETE 3 1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS $\text{CH}(Y + S^{\tau} - 7) P$ 34 CITY-ST-ZIP 700 ☐ DELETE 4.1 TITLE ☐ Change Addition NAMI **4.2 NAME** STHEE! ADDRESS 43 STREET ADDRESS 011Y-51-7IP 44 CHY-ST-ZIP THEF DELETE 5. 1 THILE ☐ Change ☐ Addition NAME: 5 2 NAME STREET ADDRESS 5 3 STREET ADDRESS CHIV-ST ZIP 54 CITY - ST - ZIP THILE DELETE 6 1 TITLE ☐ Change ☐ Addition NAM: 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-S1-ZIP

6.4 CITY - ST-ZIP 14. Ido 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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

SIGNATURE:

1 /14 96

407)464-4285