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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9500006787 (2)

510/512 HOLDINGS, INC.

NAME Street address

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Mailing Address Principal Place of Business 8620 85 STREET **0620 85 STREET** VERO BEACH FL 32966 VERO BEACH FL 32967-3907 3. Date Incorporated or Qualified 3a. Date of Last Report 01/23/1995 05/01/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0596577 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Ζiρ Ziρ Country Country 8. This corporation has liability for intingible tax under s. 199.032, Yes 🔲 No Florida Statutes 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MCHUGH, JOHN J JR Name 333 17 STREET SUITE U Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32960 83 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required whim reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. DELETE Change ___ Addition TITLE 1.1.7011.0 DAVIS, JACK L 1 P NAME NAME **8620 85 STREET** 1 B STREET ADDRESS STREET ADDRESS VERO BEACH FL 32966 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELLIE Change Addition 21 1111 F TITLE 22 NAME NAME STREET ADDRESS 2 B STREET ADDRESS 2 4 CITY - ST - 7/P CITY-ST-ZIP Change Addition DELF TE TITLE 3.1 IIILE

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). 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 oath; that I am an officer or director of the convertion or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on any stackingly with an address.

3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CHY- ST- 7P

DELETE

DELETE

DELETE

3.3 STREET ADDRESS 3.4 CITY-ST-7IP

1/1//2

Change

Change

Addition

Addition

Change Addition

FILED

May 05 1997 8:00am

Secretary of State