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

DOCUN	MENT # P950	00011326 (2)	
1. Corporation I	& PAUL MORRISSEAU IN	NC.		**************************************
Principal Place of Business Mailing Address			1 10011001 MB (Otto) Blist Coll. 5840 Coll. Shirt Coll. 1000 Hill Coll. 1088	
9550 S. OCEAN DRIVE		9550 S. OCEAN DR	IVE	
SUITE 909 JENSEN BEA	NCH FL 34967	SUITE 909 JENSEN BEACH FL 34957		
		V		3. Date Incorporated or Qualified 02/06/1995 Sa. Date of Last Report
2. Principal Piac	ce of Business	2a. Mailing Address		4. FE! Number Applied For
1		26 Suite, Apt. #, etc.		Not Applicable \$8.75 Additional
Suite. Apt. # 2	, etc.	27		5. Certificate of Status Desired Fee Required
City & State	2 11 11 11 11 11 11 11 11 11 11 11 11 11	City & State		Election Campaign Financing Trust Fund Contribution Added to Fees
3] Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s 199.032,
4]	25 9 Name and Address of Curr	29 29 Agent	30	Florida Statutes Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Con-	ent negistered Agent	81 Name	10. Hallo dila Addicas di Noti Hagistora Agrico
MORRISSEAU, PAUL 9550 S. OCEAN DRIVE SUITE 909			82 Street A	ddress (P.O. Box Number is Not Acceptable)
			83	
JENSEN	JENSEN BEACH FL 34957		B4 City	FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.05	02 and 607.1508. Florida Stat	utes, the above named cor	poration submits this statement for the purpose of changing its registered office
familiar with	ed agent, or both, an the state of his h, and accept the obligations of, Sc	ection 607.0505, Florida Statul	es. NOTE: Roy stered Agent signature re-	poard of directors. I hereby accept the appointment as registered agent. I am
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TI'LF	D	☐ DELETE	1. 1 TITLE	Change Addition
NAME	MORRISSEAU, PAUL	1000	1.2 NAME	
STREET ADDRESS	9550 S. OCEAN DRIVE, # JENSEN BEACH FL 34957		1.3 STREET ADDRESS	
CITY-S1-ZIF	D	DELETE	1.4 C/TY-ST-ZIP 2 1 T/TLF	☐ Change ☐ Addition
NAME	MORRISSEAU, MARY		2.2 NAME	
STREET ADDRESS	9550 S. OCEAN DRIVE, #		23 STREET ADDRESS	
CHY-S1-ZIP	JENSEN BEACH FL 34957	7	2.4 CITY-ST-ZIP	
T-1LF		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
MAM:			3 2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
			3 4 CHTY - ST - ZIP	
		T DELETE		Change Addition
1) LE		DELETE	4.1 TITLE 4.2 NAME	☐ Change ☐ Addition
TI LE NAME		DELETE	4.1 TITLE	☐ Change ☐ Addition
TELLE NAME STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME	
TELE NAME STHEET ADDRESS CITY-ST-ZIE		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 THLE	☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐
TILLE NAME STHELL ADDRESS GITY-ST-ZIP TILLE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 THLE 5.2 NAME	
TILLE NAME STHELL ADDRESS CITY-ST-ZIP TILLE NAME STHELL ADDRESS			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 THLE 5.2 NAME 5.3 STREET ADDRESS	
TELE NAME STHELL ADDRESS GITY-SI-ZIP TITLE NAME STHEEL ADDRESS GITY-SI-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 THLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
THE F NAME SHEET ADDRESS CITY-SI-ZIP THEE NAME SHEET ADDRESS CITY-SI-ZIP THEE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 THLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	
THE F NAME SHELL ADDRESS CITY-SL-ZIP THEE NAME SHEEL ADDRESS CITY-SL-ZIP THEE NAME		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 THLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	☐ Change ☐ Addition
TILF		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 THLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition

cating that the information in the animal report of supporting animal report of the animal report of the animal report of the contraction of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Book 13 if changed, or on an attachment with an address. SIGNATURE: James NO TYPED O

PRINTED NAME OF SIGNING OFFICER OF DIRECTOR