PROFIT CORPORATION ANNUAL REPORT 1996		B-	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Componentions						
1. Corporatio	MENT # P95 PARTE ASSOCIATES, INC.	<b>00002</b> 1 c.	1904 (	4)			<b>.</b> <b>.</b>		14 <b>810</b> 1 1 <b>88</b> 1
Principal Place of Business 127 HIGHWAY 98 EAST. 4A			Mailing Address 127 HIGHWAY 98 EAST, 4A			L FORMEROT DE FORM JUNIO CONT.			ili <b>a</b> ara 1081
DESTIN FL	32541		STIN FL 32541			3. Date Incorporated or Qualified	i <b>3a</b> . Date of	Last Repor	·
	lace of Business	<b>2a</b> . Ma	iling Address			03/16/1995 4. FEI Number		//A	lied For
Suite, Apt.	#, <b>et</b> c	<b>26</b> Sui	te, Apt. #, etc.			59-3215		Not A	Applicable
City & State	8	27	y & State			5. Certificate of Status Desired		\$8.75 Ad Fee Requ	ditional uired
23		28				6. Election Campaign Financing Trust Fund Contribution		<b>\$5.00</b> M Added to	
Ζιρ <b>24</b>	Country 25	Zip 29		30]	intry	This corporation has liability for Florida Statutes	r intangible tax u	inder's 199	.032,
	9. Name and Address of C	urrent Registere	d Agent		81 Name	10. Name and Address of New		ent	
11. Pursuant t	GHWAY 98 EAST, 4A  I FL 32541  to the provisions of Sections 607, ed agent, or both, in the State of th, and accept the obligations of,	0502 and 607.15 Florida Such cha Section 607.0506	08. Florida Statu nge was authora i. Florida Statute	tes, the abo	83  84 City  ve named corporation's boa	ration submits this statement for the paid of directors. Thereby accept the ap-	<b></b>	35 Zip Cooning its registrates	
SIGNATURE .	Signifure, typed or proteo name of registered				Agend Signature respilie	time i de la compania			
12. TITLE		S AND DIRECTOR	s	13.		ADDITIONS/CHANGES TO OF	(A'E FICERS AND DI	RECTORS I	N 12 - 5
NAME STREET ADDRESS CITY+ST-ZiP	KEENER, DON A 127 HIGHWAY 98 EAST, DESTIN FL 32541	. <b>4</b> A	□ DELETE		AME REFF ADDRESS			thange 📋	N 12 POCH
TITLE	D	·	☐ DELF16	14 G/ 2 1 T	TY-ST-Z-P TUE			hange []	Addition
NAME STREET ADDRESS CITY - ST - ZIP	LAMPLEY, RANDY 127 HIGHWAY 98 EAST, DESTIN FL 32541	4A			IME REET ADORESS TY-ST-ZIP			, <u>, , , , , , , , , , , , , , , , , , </u>	
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NAME			DELETE	4 1 31 4 2 NA	i		c	hange [	Addition
STREET ADORESS				4381	RÉET ACORESS				
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NAME				5 2 NA	ł		[_] v	range	Addition
STREET ADDRESS CITY-ST-ZIP					HEET ADDRESS Y - ST - ZIP				
THILE			( DELEFE	6 1 TI	•		C	nange 🔲	Addition
STREET ADDRESS				62 NA 63 SH	ME REET ADDRESS				
CITY - ST - ZIP	and the August A			64.08	Y. ST. 719				
oath; that I	certify that the information suppli the information indicated on this i am an officer or director of the ci Block 12 or Block 19 if changed.	Organish on or the r	opprententa arri	ished and dual report is	loes not quality for	or the exemption stated in Section 119 te and that my signature shall have the s report as required by Chapter 607, f	.07(3)ik), Florida same legal effec or da Statutes, a	Statutes I foot as if made not that my i	urtner o under name
SIGNATI		D OR PRINTED NAME	OF SIGNING OFFICE	R OR DIRECT	DR	5/29/96	Poy.	64-5	898