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 1. Corporation	MENT # P950	00025012 (2)		
,	GENCY, INC.	·		A TERMETA IN A TENEL BANK REVIN BRANT BENJA DENA TIBEL BANK BRATT IN DIR	
Principal Place	of Business	Mailing Address			
•		•	•••		
11320 SE FEDERAL HWY HOBE SOUND FL 33455		11320 SE FEDERAL HWY HOBE SOUND FL 33455			
				3. Date Incorporated or Qualified 3a. Date of Last Report 03/27/1995	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number Applied	For
21 Cuito Ant 4	l ata	26		65-0606085 Not App	
Suite, Apt. #	r, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Addition	
City & State		City & State		6. Election Campaign Financing \$5.00 May	
23	T 0	28	<u></u>	Trust Fund Contribution Added to Fee	
Zip 24]	Country	Ζιρ 29	Country 30	B. This corporation has liability for intangible tax under s 199.03 Florida Statutes	,2,
	9. Name and Address of Cur			10. Name and Address of New Registered Agent	
			81 Name		
DAY, ALI			82 Street	Address (P.O. Box Number is Not Acceptable)	
	E FEDERAL HWY		63		
HORE SI	DUND FL 33455		<u></u>		
			B4 City	FL 85 Zip Code	
11. Pursuant to or registere familiar with	o the provisions of Sections 607.05 ed agent, or both, in the State of Fi h, and accept the obligations of, S	02 and 607.1508, Florida Statute orida. Such change was authorize ection 607.0505. Florida Statutes	es, the above-named co ed by the corporation's	orporation submits this statement for the purpose of changing its registere board of directors. I hereby accept the appointment as registered agent.	id of . Lai
SIGNATURE	.,	to the state of th	•		1
12.	Signature, typed or printed name of registered ag		TE: Registered Agent signature in		
TITLE	D OFFICERS /	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 P/D Change A	dation
NAME	DAY, STEVEN F		1.2 NAME		3,,,,,,,,
STREET ADDRESS	9300 SE EAGLE AVE		1.3 STREET ADDRESS		
C/TY-ST-ZIP	HOBE SOUND FL 33455		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2. 1 TITLE	S/T/D ★ Change Ad	idition
NAME	DAY, ALEXIS J		2.2 NAME		
STREET ADDRESS	9300 SE EAGLE AVE HOBE SOUND FL 33455		2.3 STREET ADDRESS		
CITY - SI - ZIP	HODE SOUND FE 33433	DELETE	2.4 CITY-ST-ZIP 3.1 THLE	☐ Change ☐ Ad	dition
NEWE			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CiTY-ST-ZIP			3.4 CITY - ST - ZIP		
TITLE		☐ DELETE	4. 1 TITLE	☐ Change ☐ Ac	cdition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5 1 TITLE	☐ Change ☐	dddion
NAME			5 2 NAME	Commigo Com	10 (701)
STREET ADDRESS			5 3 STREET ADDRESS		
CiTY-ST-ZiP			5.4 CiTY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE	Change A	ddition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		al and Alice Police 2	6 4 CITY-ST-ZIP		
certify that oath; that I	the information indicated on this at	nnual report or supplemental annu poration or the receiver or trustee	ual report is true and ac e empowered to execut	lify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I for curate and that my signature shall have the same legal effect as if made is e this report as required by Chapter 607, Florida Statutes; and that my na	under

SIGNATURE:

4 Section . 4/24/96 407-546-5767

CR2E034 (12/95)