## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

1996

**DIVISION OF CORPORATIONS** DOCUMENT #

1. Corpora	ation Name  MBRANDT		50000	137961	(6)				  - 	<b>lê</b> lii adkii <b>o</b> oje	<b>1</b> 11111 1 <b>1 1</b> 11	1 <b>18</b> 10 <b>- 0</b> 1181 1291 1801
Principal Pl	ace of Business	Ma	Mailing Address						I DIN DENK BIN			
131 KING STREET ST. AUGUSTINE FL 32084				131 KING STREET ST. AUGUSTINE FL 32084								
									3. Date Incorporated or Qualified 05/11/1995	3a. Date	of Last F	Report
	Principal Place of Business			2a. Mailing Address					4. FEI Number			Applied For
21 Suite A	pt. #, etc.		26						59-3346123			Not Applicable
22		27					5. Certificate of Status Desired			5 Additional Required		
City & S 23	tate	28	City & State					Election Campaign Financing     Trust Fund Contribution			00 May Be	
Zip	Country 25			Zip		Country			Added to Fees     This corporation has liability for intangible tax under s 199,032,			
24	Q Name		29 30 30 Registered Agent					Florida Statutes Yes No				
	9. IVallie	BIO Address of	Jurrent Regist	ered Agent		81	Name		10. Name and Address of New F	Registered /	igent	
ши	NT PROFFI	v				6						
HUNT, KIMBERLY 1895 SPRUCE CREEK BLVD. E						82	Stree	et Addres	ss (P.O. Box Number is Not Acceptat	ole)		
DAYTONA BEACH FL 32124										·		
<b>5</b> 7,	TOTAL DEFIC	7771 6 02 124					0::					
						84	City			FL	1	ip Code
or regis familiar SIGNATURE	with, and acce	both, in the State of pt the obligations of or printed name of register	f, Section 607.0	505, Florida Statutes	S.	ине согра	oration	s board	ion submits this statement for the pur of directors. I hereby accept the app	rpose of cha ointment as	nging its r registered	registered office dagent. I am
12.	rightanie, types		RS AND DIFFECT			13.	I signature	) required w	then reinslating) ADDITIONS/CHANGES TO OFF	DATE	DIDLOTA	200 14140
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STREET ADDRES	STREET ADDRESS 1895 SPRUCE CREEK BLV						1.3 STREET ADDRESS					:
Cily-SI-ZiP							T-ZIP	<u> </u>				
TITLE	PTD			DELETE	2	2 1 TITLE					Change	☐ Addition
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CITY-ST-ZIP						address						
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NAME						3.2 NAME				L.,	] Change	☐ Addition
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NAME				- Section		.2 NAME				<b>i</b> l	Change	☐ Addition
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CITY-ST-ZIP						4 CHTY-ST						

14. I do 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). Fiorida Statures. 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 arm 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_

Kemberly Hunt
SIGNATURE AND TYPED OR PRINTY NAME OF SIGNING OFFICER OR DIRECTOR

april 25, 1996 (904) 829-0065