P CORF ANNU	NOW: FILING FE PROFIT PORATION AL REPORT 1996 2-5.96	FLORIDA DEP Sandra Secret	IS \$225.00 PARTMENT OF STATE ra B. Mortham etary of State EXCORPORATIONS			
DOCUN 1. Corporation	MENT # P950	00040577 (5	5			
Principal Place of Business 12871 152ND STREET JUPITER FL 33478		Mailing Address 12871 152ND STREET JUPITER FL 33478		3. Date Incorporated or Qualified	3e. Date of Last Report	
2. Principal Plac	ce of Business	2a. Mailing Address		05/23/1995 4. FELNumber 65-0585855	Applied For	
21 Suite, Apt. #,	. etc	26] Suite, Apt. #, etc.			Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	· · · · · · · · · · · · · · · · · · ·	City & State		 Election Campaign Financing Trust Fund Contribution 	Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for i Florida Statutes Yes		
	9. Name and Address of Curr	rent Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
SCHMIDT, DAVID W 100 NE FIFTH AVENUE DELRAY BEACH FL 33483						
familiar with SIGNATURE	and accept the obligations of, Se Queloc, bred o protection estrepolitical ac	Received and his in any final type (2000)	In the corporation's boar is.		pintment as registered agent. I am	
12. THEF NAME STREET ACORESS CITY - ST. ZIP	D BELL, RON 3380 NO. OLD DIXIE HIGHN DELRAY BEACH FL 33444		13. 1 1 11/LE 1 2 NAME 1 3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 CERS AND DIRECTORS IN 12 Change Addition	
THUE NAME STREELADERESS CHY-SL-ZP		DLLETE	1 4 CITY - ST - ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIE		Change Addition	
THLE NAME STREET ADDRESS CITY ST 200		DELE IE	3 1 TILLE 32 NAME 33 STREET ADDRESS 34 CUTY - ST - ZIF		Change Addition	
THUE NAME STREET ADORESS ONLY: 51-ZIP		[] DEIEIF	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition	
THEF NAME STREET ADDRESS OF Y-ST ZP		DELETE	5 1 TITLE 52 NAME 53 STHEET ADDRESS 54 CITY-ST-ZIP		Change Addition	
Inue NAME STREET ADDRESS CITY-ST-Z/P 14. Fido heretry (cedily that the information supple	DELETE	6 1 1/1LE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - S1 - ZIP	or the exemption stated in Section 119.0	Change Addition	
oath, that I a	JRE:	ribual report of supplement and	The report is true and accurate e empowered to execute this ress.	le and that my signature shall have the s s report as required by Chapter 607, Flo	7/(3)(k), Fiorida Statutes. Flurther same legal effect as if made under vida Statutes; and that my name 7/737-7507	