## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)



FLORIDA DEPARTMENT OF STATE

UNNA	NNUAL REPORT Secretary  1996 DIVISION OF CO		of State				
DOCUN 1. Corporation	MENT # P950	00047	129 (8)				
RICHAR	D CHARBONNEAU-HAN	ABLETON, P.	A.		   1   1   1   1   1   1   1   1   1	III BBNA BBUN BARK NABU KAMA KAMA 1816	1881
Principal Place of Business Mailing Address							
3215 SAND DUNES COURT 3215 SAND DUNES COUR MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 3							
					<ol> <li>Date Incorporated or Qualifine 06/15/1995</li> </ol>	ed 3a. Date of Last Report	
2. Principal Pla 21	ace of Business	2a. Ma 26	iling Address		4. FEI Number 59-37937	75 Applied Not App	olicable
Suite, Apt (	ort Royal B		ite. Apt. # etc. 70 Port I	Zoyae Bl	5. Certificate of Status Desired	\$8.75 Addition	
City & State	life Beach	28 Cit	y & State Wellife R	Bouch Fi	Election Campaign Financin     Trust Fund Contribution	\$5.00 May Added to Fee	
Zip 🚰	9. Name and Address of C	LSA Zip 7 29 F	32937	30 SA USA	This corporation has liability     Florida Statutes     Name and Address of Neventh 10. Name and Neventh 10	r for intangible tax under s 199 ( Yes No	032.
office or re agent. Lar SIGNATURE	egistered agent or both, in the in familiar with land accept the	State of Florida S obligations of, Sei	Such change was au ction 607.0505. Flor	uthorized by the corpo	Willie Buch orporation submits this statement for the ration's board of directors. Thereby ac	FL 85 Zip Code 3023 Per purpose of changing its register the appointment as register DAII	37 stered ored
12.	Signature, typed or printed runie of register OFFICER	S AND DIRECTO		13.		OFFICERS AND DIRECTORS IN	12
TITLE	D		DELFTE		hichard Chaubonne	C- How LA Ghange	Addition
NAME STREET ADDRESS	CHARBONNEAUHAMBLE 3215 SAND DUNES COL		)	1.2 NAME 1.3 STREET ADDRESS	420 Post Rape	100.00	
CITY-ST-ZIP	MELBOURNE BEACH FL			1.4 CITY - ST - ZIP	Satchite Back	1, FL 32137	
TITLE			DELETE	21 TITLE		Change	Addition
NAME				2 2 NAME			
STREET ADORESS				2 3 STREET ADDRESS			
CITY-ST-ZIP TITLE			DELETE	2 4 CITY - ST - ZIP 3 1 TITLE		Change	Addition
NAME			<u>.</u>	3.2 NAME			
STREET ADDRESS				3 3 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP		A	
TITLE			DELETE	4.1 TITLE		Change	Addition
NAME				4 2 NAME			
STREET ADDRESS				4 3 STREET ADDRESS			
CITY - ST - ZIP TITLE			DELETE	4 4 CITY - ST - ZIP 5 1 TITLE		Change	Addition
NAMÉ				5 2 NAME			
STREET ADDRESS				5 3 STREET ADDRESS			
CITY-ST-ZIP				5 4 CITY - ST - ZIP			
TITLE			DELETE	6 1 TITLE		Change	Addition
NAME				6.2 NAME			

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), Florida Statutes 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 am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

Datase Place

Datase Pla