COR ANNU	E NOW: FILING FEE PROFIT RPORATION JAL REPORT 1996	AFTER MAY 1 IS FLOHIDA DEPART Sandra B Secretary DiVISION OF CO	MENT OF STATE Mortham	
DOCUMENT # P95000057506 (4)				
	IPORT LANDOWNERS ASS	•••		
Principal Place of Business Mailing Address				
x\$5279#FAND.DRWE 48 Richmond Dr \$52 ROWRAWCORWE 48 Richmond D X.MPRER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				nd Dr. Beach, FL 3. Date Incorporated or Qualified 3a. Date of Last Report 07/26/1995
'	ace of Businoss	2a. Mailing Address		4. FEI Number
21 48 Ri Suite, Apt. 4	chmond Dr	26 48 Richmond Suite, Apl. #, etc.	Dr.	Not Applicable
22 City & State	-	27		Fee Required
	myrna Beach, FL	City & State 28 New Smyrna	Beach.	6. Election Campaign Financing Trust Fund Contribution
Zip	Country	Zip	Country	8. This corporation has lability for intangible tax under s 199.032,
24 32169	9. Name and Address of Curren	29 32169 3 It Registered Agent	0	Florida Statutes Yes No 10. Name and Address of New Registered Agent
*RAHREUDT = DANIELE A = \$52 POMPANO-DRIVE = WPITER #L 33458 *1 Name User Address (P.O. Box Number is Not Acceptable) -WPITER #L 33458 *1 Pursuant to the provisions of Sections 607/602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office tramiliar with, and pocent the obligation of Section 607/0505, Florida Statutes.				
SIGNATURE _	VHONG L.M. IUNO	DIM S		
12.	Statement of an an and a segistered agent OFFICERS ANI	end the it epoles is NOTE: F	leg stered Agent signature r 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME		E DELETE	1 1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAM: STREET ADDRESS	RAHFELDT, DANIEL A 952 POMPANO DRIVE		1 2 NAME 1 3 STREET ADDRESS	Jeffrey L. Hartdorn
CITY - ST - ZIP	JUPITER FL 33458		1.4 CITY-ST-ZIP	40 KICHMONG DEIVE
TITLE NAME		DELETE	2 1 TITLE	New Smyrna Beach, FL 321ch.g. Addition
STREET ADDRESS			2 2 NAME 2 3 STREET ADDRESS	
CITY-ST-ZIP	 		24 CITY - ST-ZIF	
TITLF NAME		DELETE	3 1 TITLE 3 2 NAME	Change Addition
STREET ADDRESS			33 STREET ADDRESS	
CITY-S1-ZIP TITLE		["] DELETE	34 CITY+ST-ZIP 4-1 TITLE	
NAME			4 1 DILE 4 2 NAME	Change C Addition
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	DELE IE	4.4 CITY-ST-ZIP 5-1 TRLE	100001854891 -06/07/9601010014 △ Addition
NAME		E.,	5.2 NAME	~06/07/9601010014 Change Addition ***225.00
STREET ADDRESS CITY - ST - ZIP			5.3 STREET ADORESS	****LCJ.UU
TITLE		DELETE	5.4 CITY-IST-ZIP 6 1 TITLE	Change Addition
NAME			6.2 NAME	. , G
STREET ADDRESS CITY - ST - ZIP			6 3 STHEET ADDRESS 6 4 CITY- ST- ZIP	6-6-14
14. I do hereby	/ certify that the information supplied v	ith this filing is voluntarily furnishe	the state of the second st	lify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
certify that the information indicated on this and if populations unling is voluntarily forms ted and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this any if 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 correct alon 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: 5/1/1/1/1/1/1/ DOI PRINTED OF FIGER OF DIRECTOR 5/24/06				