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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: /



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1	996	DIVISIO	N OF CORPORATIONS				
DOCUM 1. Corporation N	IENT # P950 0	00060518	(4)				
HIDISCU	is inanscontation, ii	140,					
Principa! Place o	of Business	Mailing Address			I QUIN BONG UNI	1 40103 03101 11	EUI 1011 1001
2141 N.E. 2157 JENSEN BEAC		2141 N.E. 21ST : JENSEN BEACH					
•				3. Date Incorporated or Qualified 08/04/1995	3a. Date	Hinst Rep	iort
2. Principal Plac	pe of Business	2a. Mailing Addres	S	4. FEI Nuryber - 0625	alD	<u> </u>	oplied For ot Applicable
Suite, Apt. #,	<u></u>	26 347 V		_		\$8.75	
2 Suite, Apr. #,	, B tC.	27		5. Certificate of Status Desired		Fee Re	equired
Orty & State		City & State		Election Campaign Financing Trust Fund Contribution			May Be to Fees
7.0	Couple	7 _(D)	Country	8. This corporation has liability for	intangible ta		
Ζιρ 24	25 MARtin	29	30 MARTIN	Florida Statutes X Ye	s 🔲 No		
	g. Name and Address of Curr	rent Registered Agent		10. Name and Address of New	Registered a	Agent	
			81 Name				
	RAKER, GERALDINE	82 Street Add	ress (P.O. Box Number is Not Accepta	ible)			
	. 21ST AVE. BEACH FL 34957		83				
JENSEN	DEACH FE 34937		84 City		 	85 Zip	Code
				ration submits this statement for the p	<u>FL</u>	. -	
SIGNATURE	Segricine i Type 1 or process partie of registros Lia	gand and the fagget above	(NOTE 'Rig Vened Aper' Sprittife relief	ration submissions this statement of the pard of directors. Thereby accept the ap	DATE		
12.	·	AND DIRECTORS	13. 16 1 1 T T T E	ADDITIONS/CHANGES TO OF	·	Change	Addition
TITLE NAME	d Stonebraker, Geraldii		1.2 NAME				
STREET ADDRESS	2141 N.E. 21ST AVE.	· · ·	1.3 STREET ADDRESS				
CITY-ST-ZIP	JENSEN BEACH FL 34957		1.4 CHY+ST-ZIP				
TITLE		DELE			L	Change	Addition
NAME			2 2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS 2.4 C/TY - ST - Z/P				
CITY-ST-ZIP TiTLE		DELE				Change	Addition
NAME		-	3.2 NAME				
STREET ADORESS			3.3 STREET ADDRESS				
CITY-ST-7IF			3.4 CITY - \$1 - ZIP			Change	Addition
T-TLE		☐ DELE	1		l	Change	C) Addition
NAME CAUSEL ADDRESS			4.2 NAME 4.3 STREET ADDRESS				
STREET ADDRESS			4.4 C-Tr - S1 - 7-P				
CITY-ST-ZIP TITLE		DELE				Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREET ADDRESS				
C+TY - ST - ZIP			5.4 C(T.YST-ZIF			Change	Add tion
TITLE		DELE	6 1 THE 6 2 NAME			5.52 tgc	
NAME CZOSEZ ADDOSESS			6.3 STREET ADDRESS				
STREET ADDRESS			I 64 CITY : ST- ZiP				
CITY-ST-2IP 14. I do hereb	y certify that the information suppl	hed with this firing is volunte	will. Furnished and door not ought	for the exemption stated in Section 1	19.07(3)(k), Fl	orida Statute	es. I further
certify that		acricial report or supplieme orgonation of the receiver (ntal annual report is true and accu or trustee empowered to execute t	rate and that my signature shall have t his report as required by Chapter 607,			

4-29-96