FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION



Jun 12 1997 8:00am Secretary of State ANNUAL REPORT Secretary of Wile 1997 DIVISION OF CORPORATIONS DOCUMENT # P95000073169 (1)

FILED

Principal Place of Business 817 PINE AVENUE 0000A PL 32922	Mailing Address P.O. BOX 3073 COCOA FL 32924-3073	Υ		
			3. Date Incorporated or Qualified 09/21/1995	3a. Date of Last Report 08/08/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		APPLIED FOR 59-3	343512 Noi Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		Continuate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip Country	[28] Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	
2425	29	30		Yes No
9. Name and Address of (10. Name and Address of New Reg	stered Agent
KINBERG, EDWARD J ESQ.		81 Name		
DUGAN, DUGAN AND KINBERG		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
1775 W. HIBISCUS BLVD., SUIT	E 209	83		
MELBOURNE FL 32901		83		
· 		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 60	07.0502 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the pe	
 Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the 	State of Florida, Such change was a obligations of Section 607 0505. Flo	authorized by the corpora orida Statutes	tion's board of directors. I hereby accep	I the appointment as registered
SIGNATURE				İ
Signature, typed or printed name of registe	·	: Registered Agont signature requi		DATE
12. OFFICEF	RS AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME STEWART, SARAH A	E bitta	1.2 NAME		LT Change LT Robilion
STREET ADDRESS 317 PINE AVENUE		1,3 STREET ADDRESS		
CITY-ST-ZIP COCOA FL 32922		1.4 CITY-ST-ZIP		
	☐ DELETE	2 1 TITLE		Change Addition
NAME		22 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CiTY - ST - ZiP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS		3.2 NAME 3.3 STREET ADDRESS		
CITY-SI-ZIP		3.4. CHTY-ST-ZIP	•	
TITLE	DELETE	4.1 TILE		Change Addition
NAME		4. 2 NAME	•	
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	51 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	☐ DELĒTE	5.4 CHY+S1+ZIP 6.1 TILE		Change Addition
NAME		62 NAME	d	
STREET ADDRESS		6.3 STREET ADDRESS	AV 0.00 110500	(1)2/97

14. To hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 logal effect as if made under eath; that I am 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 or an attachment/with an address.

6.4 CITY- ST- ZIP