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

PROFIT CORPORATION* **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED Mar 04 1998 8:00am Secretary of State

Principal Place of Businoss 704 N.W. BUCK HENDRY WAY STUART FL 34994 P95000076596 (2) RC 12 9 97 RAIling Address 704 N.W. BUCK HENDRY WAY STUART FL 34994 P10000076596 (2) RC 12 9 97 RAIling Address 704 N.W. BUCK HENDRY WAY STUART FL 34994 P10000076596 (2) RC 12 9 97 P100000076596 (2) RC 12 9 97 P100000000000000000000000000000000000						
		JENSEN BEA		1958	 Date Incorporated or Qualified 10/05/1995 	3a. Date of Last Report 11/18/1996
2. Principal F	Place of Business	2a. Mailing Addre	SS		4. FEI Number 65-0611832	Applied For Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	to	City & State	1		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Zip 25 29 30		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
24]	9. Name and Address of C		1301		10. Name and Address of New Reg	
DONNELLY, JOHN S 81 Name				Name		
799 S.E. ABLETT LANE PORT ST. LUCIE FL 34984			82	Street Addre	ess (P.O. Box Number is Not Acceptabl	е)
			83		***	
				City		FL 85 Zip Code
office or a agent. I a SIGNATURE	registered agent, or both, in the am familiar with, and scoept the Stonatory speed or printed name of register	State of Florida. Such chang obligations of, Section 607.0	e was authorized by 505, Florida Statutes HN DONN (NOTE Registered Age	the corporati		the appointment as registered
12.	OFFICER	S AND DIRECTORS	13. TE 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	
TITLE	~	D DELETE DONNELLY, JOHN S				Change Addition
NAME	799 S.E. ABLETT LANE		1.2 NAME			
STREET ADDRESS			1.3 STREET	ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34984		1.4 CITY-S	T-ZIP		-
TITLE	D CAME OF	DELETE				Change Addition
NAME	DONNELLY, JAMES F		2.2 NAME			
STREET ADDRESS			23 STREET			
CITY-ST-ZIP	PORT ST. LUCIE FL 34984		2 4 CiTY-S	T - ZIP		
TITLE	☐ DELETE					Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	1		1
CITY-ST-ZIP		- Incu	3.4. CITY - S	T-ZIP		Observe A 4470 co
TITLE		☐ DELI				Change
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP		D or i	4.4 CITY-ST	1 - ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE 5.1 THLE				Change Addition
NAME			5.2 NAME		\mathscr{QE} \mid	
STREET ADDRESS	1		5.3 STHEET			3.4
CITY-ST-ZIP		The state of the s	5.4 CITY-ST	- ZIP		- /
TITLE		∐ DELE			30000244 -03/05/980100	Change Addition
NAME	E		6.2 NAME		-03/05/980100:	9014
STREET ADDRESS			6.3 STREET	address	***165.00	
CITY-ST-ZIP			6.4 CITY-ST	- ZIP		

I do 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 legal effect as if made under oath; 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 13 if changed, or on an attachment with an address.