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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # | P95000085016 | (0) |
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| 1 Corporation Name | F95000005016 | (\mathbf{U}_{i}) |

SIGNATURE: ___

| D.C | 40. | | | | | | | |
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| Principal Place | | Mailing Address | | | | | *#* 19181 \$1111 \$1 | |
| 2201 S.E. INDIAN STREET, E-4 STUART FL 34997 STUART FL 34997 2201 S.E. INDIAN STRI | | reet. e-4 | | | | | | |
| | | | | | 3. Date Incorporated or Qualify 11/01/1995 | ed 3a. | Date of Last | Report |
| 2. Principal Pla | ace of Business | 2a. Mailing Address 26 | | | 4. FEI Number 65 -06182 | 23 | | Applied For |
| Suite, Apt. : | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | 5 Additiona Required |
| City & State | • | City & State | | | Election Campaign Financing Trust Fund Contribution | | • | 00 May Be led to Fees |
| Z _i p | Country 25 | Ζίρ 29 | Countr | у | 8. This corporation has liability Florida Statutes | forintangit | ole tax under | |
| | 9. Name and Address of C | urrent Registered Agent | | | 10. Name and Address of Ne | | | |
| | | | 81 | Name | | 9 3 | | |
| | r, stephen E. Indian street, e-4 | | 82 | Street Add | ress (P.O. Box Number is Not Accep | otable) | | " |
| | FL 34997 | | 83 | 3 | | · | | |
| | | | 84 | City | | | 85 2 | Zip Code |
| Durauant t | o the projectors of Castier- COZ | 0F00 - 1007 4F00 Ft 11 01 4 | | <u> </u> | ration submits this statement for the | <u>F</u> | -1 | • |
| | | | بأنبأ بمناقينا أمم | poration's hoa | rd of directors. I boroby account the | porposo o | it as registere | d agent. I an |
| familiar wit | co agent, or both, in the state of | r Florida. Such change was authorized. Section 607.0505, Florida Statutes | ed by trie corp s. | DOTATION DOC | and or directors. Thereby accept the a | appointmen | | |
| familiar wit | co agent, or both, in the state of | Section 607.0505, Florida Statutes | . | | | | | |
| familiar wit | th, and accept the obligations of, Signature, typed or printed name of registerer. OFFICER: | Section 607.0505, Florida Statutes | . | nt signature require | o when remstating: | DAI | re - | ORS IN 12 |
| familiar wit | signature, typed or printed name of registered OFFICER: | Section 607.0505, Florida Statutes d agent and title if applicable (NO | TE: Registered Age | nt signature require | | DAI | re - | |
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STEPHEN SETZER 4/12/96 233-1540

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TRESIDE. T

Dave Dave Proces