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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

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		1	9	96	

1. Corporation	MENT # P9500 HO, INC.	0093100 (2)		
110 110	no, mo.			1 (8 8 14 9 8) (16 1 1 14 1 4 11) (1 8 6 11) 2 6 11) 2 6 11)	ATIN adırı ofala inder albu erdir adırı deri
Principal Place	of Business	Mailing Address			
3115 - 3117 OCEAN DRIVE VERO BEACH FL 32963		3115 - 3117 OCEAN DI VERO BEACH FL 3298			
				3. Date Incorporated or Qualified 12/07/1995	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26		65-0625992	Not Applicable
22	, o.o.	Suite, Apt. #, etc 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	}	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ 24	Country	Zφ	Country	8. This corporation has liability for in	
24	9. Name and Address of Currer	29 29 Agent	[30]	Florida Statutes Yes 10. Name and Address of New Re	-
			81 Name	TO. Name and Address of New Me	gistered Agent
ROSSWA	Y, BRADLEY W		OO Ctropt Ada	trace (D.O. Flan Manufacture)	
	CHLAND BLVD.		82 Street Add	ress (P.O. Box Number is Not Acceptable	a);
vero be	ACH FL 32963		83		
			84 City		85 Zip Code
		· · · · · · · · · · · · · · · · · · ·	- '		FL Trans
or registere	eo agent, or both in the State of Flori	da. Such change was authorz	'ed by the comoration's boa	ration submits this statement for the purp ird of directors. Thereby accept the appoi	iose of changing its registered office
familiar wit	h, and accept the obligations of, Sect	ion 607 0505, Flor da Statutes).	но от апесало. Ттакову авворт, то турог	nament as registered agent. Fam
SIGNATURE _	Styrature, typed or proted name of registers, lagorit	Souther it was to see the sket	OTE: Registered Agent signature regions		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 Title		☐ Change ☐ Addition
NAME	REDFIELD, CAROLYN C		1.2 NAME		
STREET ADDRESS	1495 SMUGGLERS COVE		13 STREET ADDRESS		
CITY-S1-ZIP	VERO BEACH FL 32963		1.4 City - St - ZiP		
TITLE	D DEDEIELD COOTT T	DELETE	2 1 TILLE		Change Addition
STREET ADDRESS	REDFIELD, SCOTT T 1495 SMUGGLERS COVE		2 2 NAME		•
CITY - ST - ZIP	VERO BEACH FL 32963		2.3 STRECT ADDRESS		
TITLE	TERIO DEPORT LE GESCO	☐ DELETE	2.4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		change Madedan
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CHY - S1 - ZIP		
TITLE		DELETE	4 % TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S!-ZP TITLE		רו הנונו	4.4.C(TY+ST+Z)P		
NAME		☐ DELETE	5 1 THE		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY - ST - ZIP		
TITLE		☐ DâLETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY SI - ZIP			6 4 City - ST - ZiP		
certify that	the information indicated on this anni-	lai recort or sunciemental and	ual report is true and accor-	or the exemption stated in Section 119.0 de and that my signature shall have the si s report as required by Chapter 607, Flor	agent loops' office) on if made under

SIGNATURE:

SLOTT REDFIELD SIGNATURE AND TYPED OR PRINCED NAME OF SIGNANG OFFICER OR DIRECTOR

4-29-96 40/234-1984