

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000044591**

1. Corporation Name

FILED

99 SEP 15 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

U-Page II

Principal Place of Business

Mailing Address

*2638 S. Harbor City Boulevard
Suite A
Melbourne FL 32901*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5-24-96

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*Mary E. Banks
701 E. Brothers Avenue
Melbourne FL 32901*

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

100002989351--7

83. City

-09/17/99--01007--017

84. City

******51 25 09 23 06 25*

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Mary E. Banks*

(NOTE: Registered Agent signature required when resigning)

DATE

9/15/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

NAME *President Mary E. Banks*

1.2 NAME

STREET ADDRESS *701 E. Brothers Avenue*

1.3 STREET ADDRESS

CITY-ST-ZIP *Melbourne FL 32901*

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

☒ Change ☐ Addition

NAME *Vice President*

2.2 NAME

STREET ADDRESS *701 E. Brothers Avenue*

2.3 STREET ADDRESS

CITY-ST-ZIP *Melbourne FL 32901*

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME *Secretary*

3.2 NAME

STREET ADDRESS *701 E. Brothers Avenue*

3.3 STREET ADDRESS

CITY-ST-ZIP *Melbourne FL 32901*

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☒ Change ☐ Addition

NAME *Treasurer*

4.2 NAME

STREET ADDRESS *701 E. Brothers Avenue*

4.3 STREET ADDRESS

CITY-ST-ZIP *Melbourne FL 32901*

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME *Director*

5.2 NAME

STREET ADDRESS *204 Walker Street*

5.3 STREET ADDRESS

CITY-ST-ZIP *Melbourne FL 32901*

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☒ Change ☐ Addition

NAME *Director*

6.2 NAME

STREET ADDRESS *1012 Potomac Drive*

6.3 STREET ADDRESS

CITY-ST-ZIP *Indian Rocks Beach FL 32937*

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary E. Banks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/99

Date

407-726-3938

Daytime Phone #

CR2E034 (11/98)