	E NOW: FILING F	EE AFTER	MAY 1ST I	S \$550.00	F	ILED
	PROFIT RPORATION			RTMENT OF STATE	May 21	1998 8:00a
ANNUAL REPORT		Secretary of State DIVISION OF CORPORATION		,	Secretary of State	
	MENT # P96	000058	3372 (9)			
ncipal Place 10-8 W.OCE TUART FL 3		210-	ng Address B W.OCEAN BLVD. ART FL 34994		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
Principal Pi	lace of Business	2a. M	ailing Address		07/11/1996 4. FEI Number	Applied For
Suite, Apt.	# etc	26	uile, Apt. #, etc.		65-0685156	Not Applicable
· · ·		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	8	28	ty & State		 Election Campaign Financing Trust Fund Contribution 	\$5.00 May Be Added to Fees
lip	Country 25	29 29	p	Country 30	 This corporation owes or has pair Personal Property Tax due June 	id the current year Intangible
	9. Name and Address of C OWN, JIMMY M BARE	urrent Register		81 Name	10. Name and Address of New Reg	
	56 N.W. FORK ROAD UART FL 34994			220	ddress (P.O. Box Number is Not Acceptab	le)
				83 84 City 🔿		
Pursuant to office or re agent. Lar	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	07.0502 and 607.1 State of Florida obligations of, So	1508, Florida Statute Such change was a	84 City S	CUPPET, corporation submits this statement for the pi pration's board of directors. I hereby accept	FL 85 Zip Code 349924 urpose of changing its registered of the appointment as registered
agent. I ar	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the Signature typed or protect some of registe	obligations of So	Such change was a colori 607.0505 fic	84 City S	corporation submits this statement for the pi oration's board of directors. I hereby accept	FL 85 Zip Code 34994 urpose of changing its registered the appointment as registered 427/98
Agent. I ar	Bignature types or priored name of register	obligations of So	Such change was a coup 607.0505 to pleable (NOI)	B4 City Statutorized by the corporation of the	orporation submits this statement for the p oration's board of directors. I hereby accep equired when reinstaling) ADDITIONS/CHANGES TO OFFIC	AT the appointment as registered ADDATE ERS AND DIRECTORS IN 12
Agent. I ar	BROWN, JIMMY-M 2256 N.W. FORK ROAD	State of Florida goligations of So Land and title if an RS AND DIRECTO	Such change was a coup 607.0505 to pleable (NOII	84 City State es, the above-named of authorized by the corported statutes. UDUUU Foglistered Agent signature for a signate signate signate s	orporation submits this statement for the p oralion's board of directors. I hereby accept equired when reinstating) ADDITIONS/CHANGES TO OFFIC P - D	And the appointment as registered
T ADDRESS	Signature typed or printed name of togethe Signature typed or printed name of togethe OF FICER BROWN, JIMMY-M	State of Florida goligations of So Land and title if an RS AND DIRECTO	Such of Ange was a rection 607.0505 for recaller (NOT PRS	B4 City Steps, the above-named of authorized by the corported Statutes. Cocconstruction of the corported Statutes. Statutes. 13. 1.1 title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	equired when reinstaling) ADDITIONS/CHANGES TO OFFIC	The appointment as registered $\frac{1}{27/98}$ ERS AND DIRECTORS IN 12 Change Addition BLUD, 24
T ADDRESS	BROWN, BARBARA A BROWN, BARBARA A 2256 N.W. FORK ROAD	State of Florida goligations of So and agent and title d ap red agent and title d ap red agent and title d ap	Such change was a coup 607.0505 to pleable (NOI)	84 City State es, the above-named of authorized by the corported statutes. UDUUU Foglistered Agent signature for a signate signate signate s	orporation submits this statement for the p oralion's board of directors. I hereby accept equired when reinstating) ADDITIONS/CHANGES TO OFFIC P - D	And the appointment as registered
TADDRESS	BROWN, BARBARA A	State of Florida goligations of So and agent and title d ap red agent and title d ap red agent and title d ap	Such of Ange was a rection 607.0505 for recaller (NOT PRS	84 City State ess, the above-named of authorized by the corported Statutes. Statutes. Image: Control of the corported Statutes. Image: Control of the corported Statutes. 13. 1.1 tiftle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME	orporation submits this statement for the p oralion's board of directors. I hereby accept equired when reinstating) ADDITIONS/CHANGES TO OFFIC P - D	The appointment as registered $\frac{1}{27/98}$ ERS AND DIRECTORS IN 12 Change Addition BLUD, 24
T ADDRESS ST-ZIP	BROWN, BARBARA A BROWN, BARBARA A 2256 N.W. FORK ROAD	State of Florida goligations of So and agent and title d ap red agent and title d ap red agent and title d ap	SUCH CHANGE WAS E INCLUME 607.0505 AC Inclume 607.0505 AC Inclume 607.0505 AC Inclume AC InclumeA	84 City State ess, the above-named of authorized by the corported Statutes. State Image: State Image: State 13. Image: State 1.1 Intle 1.2 NAME 1.3 STREET ADDRESS 1.4 City - ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 City - ST-ZIP 3.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 City - ST-ZIP 3.1 TITLE 3.2 NAME	orporation submits this statement for the p oralion's board of directors. I hereby accept equired when reinstating) ADDITIONS/CHANGES TO OFFIC P - D	Alter appointment as registered H27/98 ERS AND DIRECTORS IN 12 Change Addition Addition Addition Change Addition
T ADDRESS ST-ZIP T ADDRESS T ADDRESS	BROWN, BARBARA A BROWN, BARBARA A 2256 N.W. FORK ROAD	State of Florida goligations of So and agent and title d ap red agent and title d ap red agent and title d ap	SUCH CHANGE WAS E INCLUME 607.0505 AC Inclume 607.0505 AC Inclume 607.0505 AC Inclume AC InclumeA	84 City State ess, the above-named of authorized by the corported by the corported statutes. Image: Corported state Tregistered Agent signature of the signater of the signater of the signature of the signature of	orporation submits this statement for the p oralion's board of directors. I hereby accept equired when reinstating) ADDITIONS/CHANGES TO OFFIC P - D	Alter appointment as registered H27/98 ERS AND DIRECTORS IN 12 Change Addition Addition Addition Change Addition
T ADDRESS ST-ZIP	BROWN, BARBARA A BROWN, BARBARA A 2256 N.W. FORK ROAD	State of Florida goligations of So and agent and title d ap red agent and title d ap red agent and title d ap	SUCH CHANGE WAS E INCLUME 607.0505 AC Inclume 607.0505 AC Inclume 607.0505 AC Inclume AC InclumeA	84 City Statutorized by the corporation of the corporating data of the corporation of the corporatio	orporation submits this statement for the p oralion's board of directors. I hereby accept equired when reinstating) ADDITIONS/CHANGES TO OFFIC P - D	Alter appointment as registered H27/98 ERS AND DIRECTORS IN 12 Change Addition Addition Addition Change Addition
T ADDRESS ST-ZIP T ADDRESS ST-ZIP	BROWN, BARBARA A BROWN, BARBARA A 2256 N.W. FORK ROAD	State of Florida goligations of So and agent and title d ap red agent and title d ap red agent and title d ap	SUCH CHANGE WAS E	84 City Statutorized by the corported statutorized statutorized by the corported statutorized by the corported statutorized statutorized by the corported statutorized statutorized by the corported statutorized by the corported statutorized	orporation submits this statement for the p oralion's board of directors. I hereby accept equired when reinstating) ADDITIONS/CHANGES TO OFFIC P - D	Change Addition
I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP	BROWN, BARBARA A BROWN, BARBARA A 2256 N.W. FORK ROAD	State of Florida goligations of So and agent and title d ap red agent and title d ap red agent and title d ap	SUCH CHANGE WAS E COLORISON OF COLORISON F1 Cathle (NCOLORISON F1	84 City Statutorized by the corported control 200 Statutos. 11 Title 12 NAME 1.3 STREET ADDRESS 1.4 City Statute of Control 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 City Statute of Control 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 City Statute of Control 3.1 Title 3.2 NAME 3.3 STREET ADDRESS 3.4 City Statute of Control 4.3 STREET ADDRESS 3.4 City Statute of Control 4.3 STREET ADDRESS 4.4 City Statute of Control 4.3 STREET ADDRESS 4.4 City Statute of Control 4.4 City Statute of Contr	orporation submits this statement for the p oralion's board of directors. I hereby accept equired when reinstating) ADDITIONS/CHANGES TO OFFIC P - D	Change Addition
T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	BROWN, BARBARA A BROWN, BARBARA A 2256 N.W. FORK ROAD	State of Florida goligations of So and agent and title d ap red agent and title d ap red agent and title d ap	SUCH CHANGE WAS E STOLE 607.0505 C Pleate (NOT) PLEATE DELETE DELETE	84 City Statutorized by the corported control 20 City Statutorized by the corported Statutos. Togetstered Agent signature for the corported Statutos. 13. 1.1 Tiftle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TIFLE 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TIFLE 5.1 TIFLE	orporation submits this statement for the p oralion's board of directors. I hereby accept equired when reinstating) ADDITIONS/CHANGES TO OFFIC P - D	Change Addition
T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	BROWN, BARBARA A BROWN, BARBARA A 2256 N.W. FORK ROAD	State of Florida goligations of So and agent and title d ap red agent and title d ap red agent and title d ap	SUCH CHANGE WAS E COLORISON OF COLORISON F1 cathe (NCOLORISON F1 cathe (NCOLORISON F	84 City Statutorized by the corported control 200 Statutos. 11 Title 12 NAME 1.3 STREET ADDRESS 1.4 City Statute of Control 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 City Statute of Control 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 City Statute of Control 3.1 Title 3.2 NAME 3.3 STREET ADDRESS 3.4 City Statute of Control 4.3 STREET ADDRESS 3.4 City Statute of Control 4.3 STREET ADDRESS 4.4 City Statute of Control 4.3 STREET ADDRESS 4.4 City Statute of Control 4.4 City Statute of Contr	orporation submits this statement for the p oralion's board of directors. I hereby accept equired when reinstating) ADDITIONS/CHANGES TO OFFIC P - D	Change Addition Change Addition Change Addition Change Addition Change Addition
TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	BROWN, BARBARA A BROWN, BARBARA A 2256 N.W. FORK ROAD	State of Florida goligations of So and agent and title d ap red agent and title d ap red agent and title d ap	SUCH CHANGE WAS E	84 City Statutorized by the corported statutorized by the corported statutos. UDCLONE 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 3.1 TITLE 4.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	orporation submits this statement for the p oralion's board of directors. I hereby accept equired when reinstating) ADDITIONS/CHANGES TO OFFIC P - D	Change Addition Change Addition Change Addition Change Addition Change Addition
T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	BROWN, BARBARA A BROWN, BARBARA A 2256 N.W. FORK ROAD	State of Florida goligations of So and agent and title of ap red agent and title of ap red agent and title of ap	SUCH CHANGE WAS E COLORISON OF COLORISON F1 cathe (NCOLORISON F1 cathe (NCOLORISON F	84 City Statutorized by the corported statutorized by the corported statutos. 1 <th1< th=""> 1 <th1< th=""> 1<!--</td--><td>orporation submits this statement for the p oralion's board of directors. I hereby accept equired when reinstating) ADDITIONS/CHANGES TO OFFIC P - D</td><td>Change Addition Change Addition Change Addition Change Addition Change Addition</td></th1<></th1<>	orporation submits this statement for the p oralion's board of directors. I hereby accept equired when reinstating) ADDITIONS/CHANGES TO OFFIC P - D	Change Addition Change Addition Change Addition Change Addition Change Addition
agent. I ar	BROWN, BARBARA A BROWN, BARBARA A 2256 N.W. FORK ROAD	State of Florida goligations of So and agent and title of ap red agent and title of ap red agent and title of ap	SUCH CHANGE WAS E	84 City Statutorized by the corported statutorized by the corported statutos. UDCCC 13. 1.1 tritle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 3.1 TITLE 4.1 TITLE 4.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	orporation submits this statement for the p oralion's board of directors. I hereby accept equired when reinstating) ADDITIONS/CHANGES TO OFFIC P - D	Change Addition Change Addition Change Addition Change Addition Change Addition

1

:

-

•••••••