

## PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Kathorine Harris

Secretary of State

	1999		DIVISION OF CO	RPORATI	ONS		, , 0100 021	150.00	
1. Corporation	MENT # P96 INT #1, INC.	50000894	50			E CERLUZETE NOT CENTE RUKU) REGRE ETKI	L ACHU ACUU UUNA PRIN CU	far falli falli loga	
							: [6/1]		
Principal Place of Business Mailing Address									
3770 7TH TERRACE POB 3730 VERO BEACH FL 32960 VERO BCH FL 32964						1			
VENO DENOTE:	E 02000	US					E IN THIS SPACE		<b>-</b>
<u> </u>						3. Date incorporated or Qualifed 10/28/1996			
2. Principal Pt	ace of Business	Mailing Address			4. FEI Number	<del></del> -	Applied For	]	
21		26				65-0721924		Not Applicable	4
Suite, Apt.	#, etc.	Suite	, Apt. #, etc.			5. Certificate of Status Desired		Additional Required	
City & State	•	· — — · · ·	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be	**
Zip	Country	28 Zip				8. This corporation owes the current year Intangible			٦
24 . 25		29				Personal Property Tax.	☐ Yes	□No	4
	9. Name and Address	of Current Registered	Agent			10. Name and Address of New Re	egistered Agent		4
CALL	MANEET I MANIETARA MA			81	Name				╛
CALDWELL, WILLIAM W 758 BEACHLAND BOULEVARD					Street Add	Iress (P.O. Box Number is Not Acceptat	ile)		
VERO BEACH FL 32963					<b> </b>			<del></del>	-1
10%	) PC/01/11 C0000			83					_
ł				84	City		FL  85   Zi	p Code	
44 Durewood	to the provisions of Section	se 807 0502 and 807 150	08 Florida Statutes.	the above	-named con	poration submits this statement for the p		its registered	┪
office or n	agistered agent, or both, in	the State of Florida. Su	ch change was auth	orized by	the corporat	poration submits this statement for the poon's board of directors. I hereby accept	the appointment as	registered	ľ
j .	m rampiar with, and accept	In disparons or, secur	)	Statutes	•				
SIGNATURE	Storted types of American	adjourned agent and title if applica	Die. (NOTE: Re	istered Ager	n signature requir	ed when resistating)	DATE		-  é
12.		ICERS AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFF	CERS AND DIREC		100
TITLE	CVP		DELETE	1.1 TITLE	Ţ		ه		
NAME	SHADEK, ARTHUR J			1.2 NAME					100
STREET ADDRESS	688 OCEAN DRIVE VERO BEACH FL				ADDRESS				3
CITY-ST-ZIP	PT PT		DELETE	1.4 CITY-S 2.1 ITILE	<u> -2 </u>		Chang	e 🔲 Additio	
TITLE NAME	SWANSON, J.F.			22 NAME	- [				1
STREET ADDRESS	4857 NEWPORT ISLA	ND DR		2.3 STREET	ADDRESS	<b>\</b>			-
CITY-ST-ZIP	VERO BCH FL		ì	2.4 CITY-5	77-ZIP				
TITLE	-VPAS		- DELETE	3.1-7ffLE*-			Chang	eAdditio	<u>n. </u>
NAME	SCHWERIN, WARREN	L		3.2 NAME	j				į
STREET ADDRESS	890 SEWARD DRIVE		•	3.3 STREE	T ADDRESS				-
CITY-ST-ZIP	INDIAN RIVER SHORE	S FL		3.4. CITY- S	IT-ZIP		( Charge	se [7] Additio	ᅱ
TITLE	VPST		DELETE	4.1 TIRE			☐ Chang		"
NAME	PROCTOR, DONALD			4.2 NAME					}
STREET ADDRESS	218 RUDDER ROAD			4.3 STREET					Į
CITY-ST-ZIP	VERO BEACH FL		DELETE	4.4 CITY-S 5.1 TITLE	T-ZIP	<del></del>	Chang	e Addirio	-
TITLE			- OELEIE	5.1 IPILE 5.2 NAME					-
NAME				5.3 STREET	ADDRESS				
STREET ADDRESS				5.4 CITY-S	- 1			· _	
CITY-ST-ZIP			DELETE	6.1 TITLE			☐ Chang	e Additio	n]

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)(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 path; 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 on on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: \_\_\_\_\_

NAME

STREET ADDRESS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90106 021 \*\*\*150.00