	NOW: FILING FEE	AFTER MAY 1ST	IS \$550.00		ILED	
	PROFIT	* • •	ARTMENT OF STATE B. Mortham	May 12	1998 8	:00ar
ANNUAL REPORT		Secretary of State		Secretary of State		
		0104196 (6)		2	
Principal Place of Business 1205 RAILROAD AVE. STUART FL 34997		Mailing Address 1205 RAILROAD AVE. STUART FL 34997				
OTUANI FL O	4391	310KM TE 04007		3. Date Incorporated or Qualified	E IN THIS SPACE]
Principal Pi	ace of Business	2a. Mailing Address 26		12/23/1996 4. FEI Number 65-07141982		pplied For ot Applicable
Sulte, Apt.	#, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional equired
City & State		City & State 28		6. Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees
Zip	25 9. Name and Address of Curr	Z(p 29	30	S. This corporation owes or has p Personal Property Tax due Juni 10. Name and Address of New Rights	e 30. 🚺 Yes [tangible No
	MES, JOSEPH E JR. 5 RAILROAD AVE.		81 Name			
	JART FL 34997			dress (P.O. Box Number is Not Accepta	ble)	
			83 84 City			Code
4 Purcuenti	the provisions of Sections 607 ((02 and 607 1609 Elorida Stat			FL	
I. Pursuality	to the provisions of sections out of		utae tha shave-named co	moration submits this statement for the	purpose of changing I	its registered
-	egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida Such change was Igations of, Section 607.0505, I	utes, the above-named consistent of authorized by the corporation of t	poration submits this statement for the ation's board of directors. I hereby acce	purpose of changing i opt the appointment as	its registered registered
IGNATURE	Signature typed or protect name of regelered a	ite of Florida, Such ch ange wa igations of, Section 607.0505, I	utes, the above-named coil s authorized by the corpora- Florida Statutes. DTE Registered Agent signature req 13.	ation's board of directors. I hereby acce	DATE	registered
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IGNATURE 2. TLE ME REET ADDRESS TY-ST-ZIP	Signature Typed or printed name of repetiend a OFFICERS A	ito of Florida, Such change wai igations of, Section 607.0505, I agent activity it apple able (N ND DIRECTORS	S authorized by the corpora Florida Statutes. DTE: Registered Agent signature req 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	ation's board of directors. I hereby acce	DATE	RS IN 12
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