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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

927001

DOCUM 1, Corporation N K. & J.		94	(0)							
Principal Place of	f Business	M	ailing Address						III UFUII UIBII	
3750 S ATLANTIC AVE STE 9			P.O. BOX 7581 DAYTONA BEACH FL 23211							
DAYTONA BCI US	H SHORES FL 32127		US				Date Incorporated or Qualified 02/01/1991	t t	of Last Re 4/11/19	•
Principal Place of Business			a. Mailing Address				4. FEI Number 59-3050249		J	Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	Desired Sa.75 Additional Fee Required		
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Ζp	Country 25	29	Zφ	30 Co	untry		8. This corporation has liability fo	ntangible ta s □ No	x under s	199.032,
1	g. Name and Address of Curre	201	stered Agent	_1_1_1			10. Name and Address of New	Registered	Agent	
					81	Name				
BRUNNER, KEITH C. 3750 S ATLANTIC AVE					82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
#9 DAYTONA BCH SHORES FL 32127					83		44		-r	
DATION	A DUN SHUNES PL 32121				84	City		FL	85 Zip	Code
SIGNATURESI	gratine typed or printed to be of registered by OFFICERS A			13.		d segmalare response	ADDITIONS/CHANGES TO OF		DIRECTO Change	RS IN 12
NAME STREET ACORESS	BRUNNER, KEITH C. 3750 S ATLANTIC AVE #9	3			NAME STREET	ACORESS				
CITY-ST ZIP	DAYTONA BCH SHORES F			140	CITY-S	1 - ZIP				
ITLE			DELETE	1	THE			[Change	☐ Addition
AME					AME OTOTOT	*P00000				
TREET ADDRESS					SINGUI SITY - S	ADOPESS IT- 7IP				
ITLE			☐ DELETE		TITLE	··			Change	Addition
AMÉ				3 2	NAME					
TREET ADDRESS						LADDRESS				
ITY ST ZIP	/h / f / v		T) DELETE		CHTY-S TITLE	ST - ZIP	A A A A A A A A A A A A A A A A A A A		7 Change	Addition
IAME			<u> </u>		NAME	i				
STREET ADDRESS				4.3	STREET	ADDRESS				
17Y - ST - ZIP				4.4	CI1Y-5	SE-ZIP		<u> </u>		
ITLF			☐ DELETE		THLE	ĺ		[Change	Addition Addition
IAME					NAME etotet	ADDRESS				
STREET ADDRESS					STREET CITY - S	ADDRESS St. ZIP				
ITLE	A SAME AND A MARK TO THE SAME AND A SAME AND		☐ DELETE		TITLE	,. Lu			Change	Addition
NAME				6.2	NAME					
STREET ADDRESS				63	STREET	ADDRESS				
CITY-ST-ZIP	- We also and	at a fail as f			CITY - S		as the association stated in Continue 4	0.07/2///3 51	vida C+-+	too further
certify that t oath; that I	the information indicated on this ar	mual repo poration (ort or supplemental an or the receiver or trust	nual report ee empow	is tru	ue and accura	or the exemption stated in Section 11 ite and that my signature shall have the is report as required by Chapter 607,	ie same legal	effect as if	t made under
SIGNATI	URE: / LULL C	OR PRINTE	MMM OF SIGNING OFFII	CER OR DIRE	CTOR	/ \$	4-11-96	04-75	6 S	929