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

DOCUN 1. Corporation N			(0)						
Principal Place of Business Mailing Address 372 AHERN ST. 372 AHERN ST. ATLANTIC BCH. FL 32233 ATLANTIC BCH. FL 32233							1 20011010 101 10100 87101 91141 111		
							3. Date Incorporated or Qualified 10/04/1991	3a. Date of Last R 05/01/1	eport 1 995
2. Principal Place of Business 2a. Mailing A			g Address				E0 0440E77		Applied For
1 26			· · · · · · · · · · · · · · · · · · ·				59-3110577		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7	Additional Required
City & State			City & State				6. Election Campaign Financing	\$5.0	May Be
3							Trust Fund Contribution		d to Fees
Zip	Country 25	<i>Z</i> ip 29		Coun	try		8. This corporation has liability for in Florida Statutes Yes		199.032,
	9. Name and Address of Curre	nt Registered	Agent				10. Name and Address of New R	egistered Agent	
DAMES INC.				18	B1	Name			
	EY, JOYCE T. ERN ST.				B2	Street Add	ess (P.O. Box Number is Not Acceptable)		
	IC BCH. FL 32233				B3				
VIDVIII	10 0011. 1 0 02200								
				1	B4	City		FL 85 Z	ip Code
familiar with	, and accept the obligations of, Sec gnature, but or printed name of registered age	ction 607.0505, of and tile it applicable	Florida Stalutes. (NOT	E: Registered A			ard of directors. I hereby accept the appoint ad when renstating! ADDITIONS/CHANGES TO OFF	DATE .	
IZ.	DEFICERS AF	ND DIRECTORS	DELETE	13. 1 1 H	ı F		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTO	Addition
NAME	DOWNEY, JOYCE T.			1.2 NAN					
STREET ADDRESS	372 AHERN ST.			1.3 STF	EET.	ADDRESS			
CITY-ST-ZIP	ATLANTIC BCH. FL			1.4 CIT	Y - \$1	1 - ZIP			
TITLE			DELETE	2 1 1(1				Change	Addition
NAME				2 2 NAI					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP			DELETE	2.4 CIT 3. 1 TIT		1-ZIP		Change	Addition
NAME			<u></u>	3 2 NA					4
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				3.4 CH	Y-S	T-ZIP			
TITLE			DELETE	4. 1 717	LΕ			Change	☐ Addition
NAME				4.2 NAI					
STREET ADDRESS				4.3 STF	REET	ADDRESS			
CITY-ST-ZIP			T DELETE	4.4 CIT		T-ZIP		Change	☐ Addition
INTLE			DELETE	5. 1 TII 5.2 NA				спануе	L Vogition
NAME STREE1 ADDRESS						ADDRESS			
CITY-S1-ZIP				5.4 CIT					
TITLE			DELETE	6. 1 Til				Change	Addition
NAME				6 2 NA	ME				
STREET ADDRESS				6351	REET	ADDRESS			
CITY - ST - ZIP				6.4 CH					
oerlify that	the information indicated on this an	nual report or si poration or the r	upplemental anni eceiver or trustei	ual report is e empower	i tni	ie and accu	of the exemption stated in Section 119 rate and that my signature shall have the this report as required by Chapter 607, Fl	same legal effect as	ir made under

SIGNATURE: _

04-29-96 (904) 241-1300