FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Sandra B. Mortham

1997			Secretary of State ENVISION OF CORPORATIONS				Secretary of State			
DOCUI 1. Corporatio		459	(8)						iğil ğiğir bibir b	(6)) 186 1
Principal Plac	o at Ourieron	N.R.A. Ulivia	Addeson							
180 S. BREVAR COCOA BEACH	D AVE. #421	760 S. (Mailing Address 760 S. BREVARD AVE. #421 COCOA BEACH FL 32031-2582							
							3. Date Incorporated or Qualified 12/04/1991		ate of Last Re 25/1996	port
2. Principal P	lace of Business	ļ	28. Mailing Address 26 Suite, Apt. #, etc.				4. FEI Number 59-3097027	 	 	olied For
Suite, Apt	#, etc	Sui					5. Certificate of Status Desired		\$8.75 A Fee Rec	
City & Stat	e		& State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	May Be
Zip	Country 25	Zıp		30 Cou	intry		8. This corporation has liability for			•
	9. Name and Address o	f Current Registere	d Agent	·			10. Name and Address of New R	egistered	Agent	
KIRBY, ANNE C 760 S. BREVARD AVE. #421 COCOA BEACH FL 32931					81		ss (P.O. Box Number is Not Acceptable)			
					82	Street Add				
-	.,,,,				83					
					84	City			85 Zip C	ode
1 Pure cont	to the provicting of Septions	607 0502 and 607 1	509 Florida Stah	toe the al	hovr	named core	poration submits this statement for the tion's board of directors. I hereby acce	FL	f changing its	societoros
ignature 2.		geniend ligezit and fiele if scip ERS AND DIRECTO?	RS	TE Registered	d Age	nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE CERS ANI	DIRECTORS	
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AME Treet address	760 S. BREVARD AVE.	#4 21		1.2 N/ 1.3 S1		ADDRESS				
TY-ST-7IP	COCOA BEACH FL 329					T-ZIP				
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AME	KIRBY, ANNÉ C. 760 S. BREVARD AVE.	A401		2.2 N/						
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itle Jame			T DEFEIG	6.1 T/ 6.2 N/					L Change	Additio
HAME HREET ADDRESS						ADDRESS				
OTY-ST-ZIP										
	by certify that the information	supplied with this fil	ing does not gue	6.4 Cl			d in Section 119.07(3)(i), Florida Statut	as I furthe	r certify that t	he
informat d I am an o appears	or indicated on this annual re officer or director of the corpoint Block 12 or Block 13 if cha	eport or supplemental praction or the ecciver anged of or an attac	l annual report is or trustee empo hment with an ac	true and a wered to	xoc	rate and that tute this repo	t my signature shall have the same leg rt as required by Chapter 607, Florida	al effect a Statutes; a	s if made und	ler oath; t ame

Anne C. KIRBY