## 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

DOCUMENT # 1. Corporation Name

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Principal Place of Business Mailing Address					s immismin sen smirtt absed timbe seni	1 <b>19</b> 11 <b>1</b> 1911	91911 WIBIT BEGIT	AIBIL OIBLI IODI			
8063 NAVARRE PKWY NAVARRE FL 32566 US		1	8083 NAVARRE PKWY NAVARRE FL 32566								
		U\$				3. Date Incorporated or Qualified 12/09/1991	12/09/1991 02/28/1995				
2. Principal Pla	ce of Business		Mailing Address					4. FEI Number			Applied For
21]	oto.	26	Cito Act # etc					59-3100010			Not Applicable Additional
Suite, Apt. #	, cic	27	Suite, Apt. #, etc.				1	5. Certificate of Status Desired			Required
City & State	• • • • • • • • • • • • • • • • • • •		City & State					6. Election Campaign Financing			0 May Be
3		28						Trust Fund Contribution		, .	d to Fees
Zφ	Country	,	2 <sub>i</sub> p	h1	intry			8. This corporation has liability for		tax under s	199.032,
4	25	29		30	,				□ No	d fami	·
	9. Name and Address of Curre	nt Hegis	terea Agent		81	Name		10. Name and Address of New I	redistere	o Agent	
DI ADIC											
BLACK, I	M KING BAYOU ROAD				82	Street	Addres	s (P.O. Box Number is Not Acceptal	(ek		
	M KING BATOU ROAD E FL 32566				83						
HATADD	LIL SESOO				ļ <u>.</u>				· · <del>· · · · · · · · · · · · · · · · · </del>	Jan 191	. 0 - 1 -
					84	City			F	L	p Code
11. Pursuant to	the provisions of Sections 807.050	2 and 60	7.1508, Florida Statu	ites, the abo	Ne r	named co	orporat	on submits this statement for the pu of directors. I hereby accept the app	rpose of	changing its r	egistered office
or registere familiar with	d agent, or noth, in the State of Flor i, and accept the solications of Sec	ida Such 1607.	i change was authori 0505, Florida Statute	ized by the : s.	corp	ioration's	board	of directors. I hereby accept the app	ontment	as registered	Lagent, Lam ∡
SIGNATURE	m/6-5/1			BLAC					2/	/	9 L
	Apparatuse Typical or pricted harve of registered ager	it and little if a	pplicatio (N	iOTE Registered	l Agur	nt signature r	equired w		D (TE	* 7	
12.	OFFICERS AN	ND DIREC		13.			TAXX	ADDITIONS/CHANGES TO OFF	ICERS A	ND DIRECTO	DRS IN 12.  Addition
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NAME	EVANS, BOB			1.2 N		ADDRESS	88   80	yes, Sarah Joan 03 Gordon Evans	ья		
STREET ADDRESS	8473 NAVARRE PKWY NAVARRE FL					ST-ZIP		varre, FL 3256			
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SFREET ADDRESS	328 KATHLEEN PL			235	IREET	ADDRESS					
CITY - ST - ZIP	FT WALTON BEACH FL			240	ITY - 5	ST-ZIP					
10115	D		<b>₩</b> DELETE	3 1 1	FITLE					☐ Change	☐ Addition
NAME:	Falls, Deanna			3 2 N	AME						
STREET ADURESS	3470 ROTHSCHILD DR			335	STREE	t address					
0(1) - S1 - 7(P)	PENSACOLA FL		F7 65 576			ST - ZIP	ļ				<b>FD</b> 44400
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STREET ADDRESS				639	TREE	I ADDRESS					
CITY-SE ZIP						ST-ZIP	<u> </u>				····-
14. I do hereby	certify that the information supplied	l with this	filing is voluntarily fu	rnished and	doe	es not qua	alify for	the exemption stated in Section 119	).07(3)(k), a same le	Florida Statu gal effect as i	tes. I further If made under
oath; that l appears in	r certify that the information supplied the information indicated on this and ann an officer or director of the cosp Block 12 or Block 13 if changed, or	oration of an at	r the receiver or trust tachment with an ad-	tee empowe dress	ered	to execu	te this	report as required by Chapter 607, F	lorida Sta	itutes; and th	at my name

Sarah Joan Boyes 904 939-8000 02/05