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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996			Secretary of State DIVISION OF CORPORATIONS			
DOCUN 1. Corporation	MENT #	V14741	(5)			
L.D.J.,						
Principal Place	of Business	Mai	ling Address		T I I I I I I I I I I I I I I I I I I I	1281 81831 8585 81811 81814 81831 85815 1886
47 SW FLAGLER AVE STUART FL 34952			7 SW FLAGLER AVE TUART FL 34994			
US	N-902	บ			3. Date Incorporated or Qualified	3a. Date of Last Report
					02/17/1992	05/12/1995
2. Principal Pta	ice of Business	η	Mailing Address		4. FEI Number	Applied For Not Applicable
21   Suite, Apt. #	t, etc.	26	Suite, Apt. #, etc.		65-0314703	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		28	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>23</b>	C		 Zip	Country	This corporation has liability for in	
24	25	29		[30]	Florida Statutes Yes	
	9. Name and A	ddress of Current Registe	ered Agent	81 Name	10. Name and Address of New Re	egistered Agent
ם מצמו	ONALD E				ess (P.O. Box Number is Not Acceptable	
LOYD, DONALD E. 47 Sw. Flagler Ave.					ess (i .o took iterrises is iter x loocy iterrises	
STUART	FL 34994			83		
				84 City		85 Zip Code
11. Pursuant to	o the provisions of	Sections 607.0502 and 607	.1508, Florida Statut	es, the above named corpor	abon submits this statement for the purp	nose of changing its registered office
or registere familiar with	ed agent, or both, i h, and accept the c	n the State of Florida. Such obligations of, Section 607.0	change was authoriz 505, Florida Statules	red by the corporation's boar 3.	d of directors. Thereby accept the appo	intment as registered agent. Lam
SIGNATURE _				V 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		(JATE
12.	Signature, typed or printed	I name of registered agent are title. Far OFFICERS AND DIRECT	· · ·	Otr. Bugistanic Agent signature ir quiner  13.	ADDITIONS/CHANGES TO OFFI	
TIFLE	DP		DELE IE	1 1 T.TLE		Charge 🗋 Addition
NAMÉ	LOYD, DONA			1.2 NAME		
STREET ADDRESS	2602 SE GR/			1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PORT ST. LU DV	UIE FL	☐ DELETE	14 G-TY-ST-Z-P		Change Addition
NAME	LOYD, JULIE	Α.	<u>.</u>	22 NAME		
STREET ADDRESS	2602 SE GR/			2.3 STREET ADDRESS		
CITY - ST - ZIP	PORT ST. LU	CIE FL	F7 60 63	2.4 CITY - ST - ZiP		Channe Fil Addition
TIFLE	ST UNITE		DEFEIF	. 3 1 101 F . 32 NAME		Change Addition
NAME STREET ADDRESS	LOYD, JULIE 2602 SE GRA			33 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LU			3.4 CITY - ST - ZIP		
TITLE			DELETE	4 1 117.8		Change Addition
NAME				4.2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
0:1Y-S1-7:P 1:1LE			[ ] DELETE	4.4 C(TY-S1-Z)P		Cnange Addition
NAME				5.2 NAME	70000176 -03/29/96011	5332 f
STREET ADDRESS				5.3 STREET ADORESS	-03/29/36011 ***200.00	UԾ~~UUB
CITY - ST - ZIP				5.4 CITY+ST+ZIP		
1171.6			DELETE	€ 1 TITLE	790/0917e	SA Z Change
NAME -				6.2 NAME 6.3 STREET ADDRESS	- <i>03/29/8</i> 6-7011	Ø8 <del>/</del> 906
STREET ADDRESS CITY+ST-ZIP				6.4 City-\$1-ZiP	***208/.75 /	- '
14. I do hereb	y cortify that the in	ormation supplied with this t	filing is voluntarily fur	nished and does not qualify f	or the exemption stated in Section 119.0	07(3)(k), Florida Statutes. I further

14. I do hereby cortify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \$ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x3/23/96 401 221-9512