, FILE NOW: FILING	FEE	<b>AFTER</b>	MAY 1	IS \$225.0	<b>)</b> 0
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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DO0! "	1996	DIVISIO	IN OF CORPORATIONS		
1. Corporation	MENT # <b>V356</b> IS UNLIMITED, INC.	70 (·	1)		
011110	o ottomice, no.			1 100 M 101 10 M 10 M 10 M 10 M 10 M 10	<b>71</b> 0 <b>41</b> 0 <b>418</b> 0 <b>418</b> 0 4180 4180 <b>41</b> 0 <b>41</b> 0 4180 4180
Principa' Place	of Business	Mailing Address			
8815 ANGLE		8815 ANGLE RI			
FT PIERCE I	FL 34947	FT PIERCE FL	34947		
				<ol> <li>Date Incorporated or Qualified</li> <li>05/11/1992</li> </ol>	3a. Date of Last Report 04/13/1995
2. Principal Pla	ice of Business	2a. Mailing Address	S	4. FEI Number	Applied For
Suite, Apt. #	, etc.	26     Suite, Apt. #, e	lc.	65-0335931	Not Applicable  \$8.75 Additional
		27		Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	□ \$5.00 May Be
Zip	Country	Ζιρ	Country	This corporation has liability to	Added to Fees
1	25 9. Name and Address of Curre	29 29	30	Florida Statutes X Ye	es 🔲 No
	o. Trains die Trade do Or Orife	on nogistered Agent	81 Name	10. Name and Address of New	Hegistered Agent
	on, Karen B.		82 Street	Address (P.O. Box Number is Not Accepta	ahlal
	NGLE RD			TOO TOO VI TO TOO TO THOU MODE ACCOUNT	
FT MEH	RCE FL 34947		83		
			84 City		FL 85 Zip Code
11. Pursuant to or registere	o the provisions of Sections 607.050 ad agent, or both, in the State of Flo	02 and 607.1508, Florida S rida. Such change was au	Statutes, the above-named co thorized by the corporation's	orporation submits this statement for the probability board of directors. I hereby accept the appropriate the probability of th	urpose of changing its registered office pointment as registered agent. Lam
SIGNATURE s	Signature, typod or printed name of registered age	0.1011 007.0000, Florida 018	(NOTE: Registered Agent signature n		DATE
SIGNATURE s	Signature, typind or printed name of registored age OF FICERS AI	et and tile   applicable	(NOTE: Registered Agent signature n	equired when reinstating)	
SIGNATURE S 2. ITLE	OFFICERS AI  PSD  HARRISON, KAREN B	et and tile l'applicable ND DIRECTORS	(NOTE: Registered Agent signature n	equired when reinstating)	DATE FICERS AND DIRECTORS IN 12
SIGNATURE S 2.  TILE  AME  TREET ADDRESS	OFFICERS AI PSD HARRISON, KAREN B 8815 ANGLE RD	et and tile l'applicable ND DIRECTORS	(NOTE: Registured Agent signature in  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	equired when reinstating)	DATE FICERS AND DIRECTORS IN 12
SIGNATURE	OFFICERS AI PSD HARRISON, KAREN B 8815 ANGLE RD FT. PIERCE FL	et and the l'eppicable  NO DIRECTORS	(NOTE: Registured Agent's gosture in  13.  1.1 TITLE  1.2 NAME  1.3 STREEL ADDRESS  1.4 CITY - ST - 7IP	equired when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition
EIGNATURE  S  2.  ITLE  IAME  IREET ADDRESS  ITY-ST-ZIP  ITLE	OFFICERS AI PSD HARRISON, KAREN B 8815 ANGLE RD	et and tile l'applicable ND DIRECTORS	(NOTE: Registered Agent's gneture in  13.  1. 1 TIFLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	equired when reinstating)	DATE FICERS AND DIRECTORS IN 12
SIGNATURE S  2.  TILE  AME  TREET ADDRESS  ITY-ST-ZIP  TILE  AME	OFFICERS AT PSD HARRISON, KAREN B 8815 ANGLE RD FT. PIERCE FL VTD HARRISON, PETER W 8815 ANGLE RD	et and the l'eppicable  NO DIRECTORS	(MOTE: Registered Agent signature in 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-7IP 2.1 TITLE	equired when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-6

H659843

CR2E034 (12