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

PROFIT CORPORATION ANNUAL REPORT



appears in Block 12 or Block 13 if changed, or on an attachment with an address

FLORIDA DEPARTMENT OF STATE

FILED

Jan 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000010923 (9)

Principal Place 23 BAYVIEW R TEQUESTA FL	OAD	Ma∄ing Address 23 BAYVIEW ROAD TEOUESTA FL 33489-2012	}			
				3. Date Incorporated or Qualifie		
				02/05/1993	03/01/1996	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26	.,	65-0388646	Not Applicable	
Suite, Apt.	#, eic	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 27 City & State City & State			6. Election Campaign Financing			
		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zφ	Country		or intengible tax under s. 199.032,	
24	25	29	30	Florida Statutes	Yes Mo	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New	Registered Agent	
	CORMICK, MOLLY M		81 Name			
23 BAYVIEW ROAD			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
TEQ	IUESTA FL 33469				·	
			83	•		
			84 City		85 Zip Code	
		00 - 4 007 4500 51-14- 01-1			FL 65 210 COURT	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	ouz and 607.1508, Florida Statu e of Florida. Such change was	tes, the above-named co authorized by the corpor	prporation submits this statement for the ration's board of directors. I hereby according to the result of the res	e purpose or changing its registered cept the appointment as registered	
agent. La	m familiar with, and accept the obli	gations of, Section 607.0505, Fi	orida Statutes		-	
SIGNATURE	Signature: Typica of printed name of registered as	and you if and your	E- Registered Agent signature rec	direct who a circle line)	DATE	
12.		ND DIRECTORS	13.		FICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE		Change Addition	
NAME	MCCORMICK, MOLLY M		1.2 NAME		į	
STREET ADDRESS	23 BAYVIEW ROAD		1.3 STREET ADDRESS			
CITY-ST-Z-P	TEQUESTA FL		1.4 City-St-ZiP		Ì	
TITLE		☐ DELETE	21 TITLE	1771-71	Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-S1-ZIP			2. 4 CITY - ST - ZIP			
TOTLE		☐ DELETE	3.1 YITLE		Change Addition	
NAME			3.2 NAME	•	÷	
STREET ADDRESS			3.3 STREET ADDRESS			
CrTY - ST - ZrP		- I DOLLTE	3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME DEVICE ADDRESS O			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		Į.	
CITY - S1 - ZIP TOLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition	
NAME		C. Occur	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		ļ	
CITY-SI-ZIP			5 4 City-St-ZiP			
TITLE		DELETE	61 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		i	
CiTy, St. 7IP			6 A CITY - ST - 7IP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name