

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

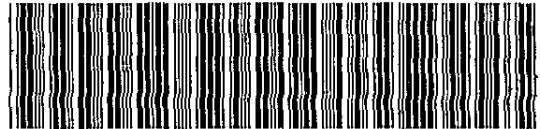
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION

ANNUAL REPORT
1986



DEPARTMENT OF STATE
CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1 Name of Corporation

017109
THE CORPORATION COMPANY
C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD
PLANTATION, FL 33324

2 Office Name and Address
Office Phone No.

Street Address

Post Office Box No.

City and State

Zip Code

3 Date of Report
To Date

06/18/1985

51-0099484

06/12/1985

4 Name and Address of Registered Agent

1	GRIGSBY, JAMES G.	V	1209 ORANGE STREET	WILMINGTON, DE
2	THORNE, OAKLEIGH	P/O	1209 ORANGE STREET	WILMINGTON, DE
3	FINORA, JOSEPH J.	T	1209 ORANGE STREET	WILMINGTON, DE
4	LOTORTO, LOUIS A.	V/O	1209 ORANGE STREET	WILMINGTON, DE
5	KLINGENER, ELLEN	S	1209 ORANGE STREET	WILMINGTON, DE
6	ALLEN, DONALD R.	A/S	8751 W BROWARD BLVD	PLANTATION, FL

REGISTERED AGENT INFORMATION

Name and Address of Registered Agent

C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION, FL 33324

Name of

Name and Address of Previous Registered Agent

Street Address (Do Not Use P.O. Box)

City and State

FL

Zip Code

9 Pursuant to the provisions of Chapter 607, Florida Statutes, I, the above named corporation, hereby certify that the above is true and correct to the best of my knowledge and belief, and I further certify that I am duly authorized to sign this statement and to execute this report as required by law. I hereby accept the obligations of Section 607.125, Florida Statutes.

SIGNATURE

Registered Agent Accepting Appointment

\$3.00 additional fee required for Registered Agent changes.

10

I Certify That I Am An Officer or Director of the Corporation and I am Empowered to Execute This Report as Required by Law. I Further Certify That I Understand My Signature on This Report Shall Have the Same Legal Effects As if Made Under Oath. (Other's signed must be dated with this report)

Signature

Joseph J. Finora
Treasurer

Date

6/26/86

Title

11 Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status