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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

(6)					
Mailing Address					
11240 SW 95TH ST 11240 SW 95TH ST				T-207 520 100 000 000 5-0-	
			3. Date Incorporated or Qualified 11/26/1968	3a. Date of Last R 02/24/19	•
ı. Mailing Address		4. FET Number	·	Applied For	
Suite, Apt #, etc.		59-1287713	Not Applicable \$8.75 Additional		
7		5. Certificate of Status Desired	1 1	Required	
City 8 State		Election Campaign Financing Trust Fund Contribution		May Be	
Zip Country 29 30		у	8. This corporation has liability for in	lity for intangible tax under s 199.032,	
red Agent			10. Name and Address of New R	egistered Agent	
	8				
82 Street Ad		2 Street Add	ress (P.O. Box Number is Not Acceptable)		
		3			
	84 City			FL 85 Z	p Code
ORS	NOTE Hogistered Ag	·	klaster swisterige ADDITIONS/CHANGES TO OFFI		
DELETE 1.1				☐ Change	Addition
	1.2 NAM: 1.3 STRE	L ADDRESS			
	14 CHY				
DELETE 2			Change Addition		Addition
	2.2 NAM6 2.3 STREE	I ADURESS			
	2.4 CITY:		,		
DELETE				☐ Change	☐ Addition
	3 2 NAMO 3 3 STRE	ET ADDRESS			
E) bu u	3.4 CITY				
DELFTE 4				☐ Change	Addition
	4.2 NAME 4.3 STREE	T AUDRESS			
	4 4 C·TY-ST-				
				∐ Change	Addition
	1	į			
☐ DETELE		1		Change	☐ Addition
	64 CITY-	S1-7IP			
1	or supplemental an The receiver or trust	5 2 NAME 53 STREE 54 CITY- 6 1 TITLE 62 NAME 63 STREE 64 CITY- ing is voluntarily furnished and door or supplemental annual report us to	5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST_ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP Fing is voluntarily furnished and does not qualify for supplemental annual report is true and accurate the receiver or trustee empowered to execute the	5 2 NAME 5 3 STREET ADDRESS 5 4 CHY-SL-ZIP 6 1 TILLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CHY-SL-ZIP ing is voluntarily furnished and does not qualify for the exemption stated in Section 119.0 or supplemental annual report is true and accurate and that my signature shall have the she receiver or trustee employered to execute this rupport as required by Chapter 607, Flo	5 2 NAME 5 3 STREET ADDRESS 5 4 CHY-SL-ZIP 6 1 TILLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CHY-SL-ZIP ing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statut or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if the receiver or trustee emprowered to execute this report as required by Chapter 607, Florida Statutes; and the

SIGNATURE: House Benefit weil Duicter (Howard Remett) april 3,1996 (205) 595-8123