

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 8:39

DOCUMENT # 363897 (0)

1. Corporation Name
UNIVERSITY PROGRESS CORPORATION

Principal Place of Business Mailing Address
**3701 BRIDGE ROAD 3701 BRIDGE ROAD
COOPER CITY FL 33026 COOPER CITY FL 33026**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/08/1970	06/16/1994
22 Sute, Apt. #, etc.		27 Sute, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-1354547	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				a. The corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KARAHALIDS, EPSTATHIOS 3008-F NW 13 STREET GAINESVILLE FL 32609				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAHAM, SOAD	1 2 NAME	
STREET ADDRESS	3701 BRIDGE RD	1 3 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY FL	1 4 CITY - ST - ZIP	
TITLE	DV	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAHAM, STANLEY	2 2 NAME	
STREET ADDRESS	3701 BRIDGE RD	2 3 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY FL	2 4 CITY - ST - ZIP	
TITLE	DS	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAHAM, RODNEY	3 2 NAME	
STREET ADDRESS	3701 BRIDGE RD	3 3 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY FL	3 4 CITY - ST - ZIP	
TITLE	T	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAHAM, MICHEL	4 2 NAME	
STREET ADDRESS	3701 BRIDGE ROAD	4 3 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY FL	4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: Soad S. Laham 6/10/95 305-431-5385
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (3/95)

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**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE

DOCUMENT # 363965 (5)

1. Corporation Name
CAPITAL ROOFING CO., INC.

Principal Place of Business Mailing Address
1580 N.E. 131ST STREET NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/11/1970** 3a. Date of Last Report **06/24/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1773298	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30

8. This corporation has liability for intangible tax under s. 199.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAIFMAN, BARRY
1580 N.E. 131ST STREET
NORTH MIAMI FL 33161**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS (CHANGE) TO OFFICERS AND DIRECTORS	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAIFMAN, BARRY	1.2 NAME	
STREET ADDRESS	1580 N.E. 131ST ST	1.3 STREET ADDRESS	
CITY ST ZIP	NORTH MIAMI FL	1.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	2.1 TITLE	
NAME	SAIFMAN, RONALD	2.2 NAME	
STREET ADDRESS	1580 N.E. 131ST ST.	2.3 STREET ADDRESS	
CITY ST ZIP	NORTH MIAMI FL	2.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Ronald Sai Fman

6/9/95

305-896-5325

CR2E034 (3/95)

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PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 373641 (0)

1. Corporation Name
G M S GROVES, INC.

Principal Place of Business
**2065 FLAMINGO DRIVE
P. O. BOX 648
BARTOW FL 33830**

Mailing Address
**2065 FLAMINGO DRIVE
P. O. BOX 648
BARTOW FL 33830**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/04/1970** 3a. Date of Last Report **02/15/1994**

2. Principal Place of Business
21 **8625 SINKHOLE ROAD** 26 **PO Box 646**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **PO Box 646** 27
City & State City & State
23 **BARTOW FL** 28 **BARTOW FL**
Zip Country Zip Country
24 **33831** 25 **USA** 29 **33831** 30 **USA**

4. FEI Number **59-1310083** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
6. This corporation has liability for intangible tax under Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MURPHY, W E
8005 WALKER LAKE ROAD
BARTOW FL 33830**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (DATE) _____
Signature (Typed or printed name of registered agent and that of applicant) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, W E	1.2 NAME	
STREET ADDRESS	8005 WALKER LAKE RD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	BARTOW FL	1.4 CITY, ST, ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, MAVIS M	2.2 NAME	
STREET ADDRESS	2065 FLAMINGO DR.	2.3 STREET ADDRESS	
CITY, ST, ZIP	BARTOW FL	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULTZ, THELMA	3.2 NAME	
STREET ADDRESS	318 WHITAKER RD.	3.3 STREET ADDRESS	
CITY, ST, ZIP	LUTZ FL	3.4 CITY, ST, ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, BILLY W.	4.2 NAME	
STREET ADDRESS	RURAL ROUTE	4.3 STREET ADDRESS	
CITY, ST, ZIP	ALVA FL	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

5.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.6 NAME	
5.7 STREET ADDRESS	
5.8 CITY, ST, ZIP	
6.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.6 NAME	
6.7 STREET ADDRESS	
6.8 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **BILLY W. MURPHY** *Billy W. Murphy* **6-9-95 (941) 708-2528**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Year

CR2E034 (3/95)

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**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
CORPORATIONS DIVISION

DOCUMENT # 379756 (0)

1 Corporation Name
INNERSPACE ELECTRONICS CORP.

Principal Place of Business Mailing Address
**P O BOX 2071 P O BOX 2071
POMPANO BEACH FL 33061-9071 POMPANO BEACH FL 33061-9071**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/31/1971	07/26/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-1357889	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	\$5.00 May Be Added to Fees
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
				8. This corporation has liability for interstate tax under s. 199.03c, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAILEY, PATRICK L 2335 E ATLANTIC BLVD POMPANO BEACH FL 33060				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required after reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCELL, STEPHEN B	1.2 NAME	
STREET ADDRESS	330 SE 14TH AVE	1.3 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH, FL 00000	1.4 CITY ST ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCELL, STEPHEN N	2.2 NAME	
STREET ADDRESS	131 N.E. 57TH CT.	2.3 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	2.4 CITY ST ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCELL, DARLENE A	3.2 NAME	
STREET ADDRESS	330 S.E. 14TH AVE	3.3 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address:

SIGNATURE: *Stephen Koell* 6/01/95 3059416700246
MONITOR AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHEN KOCELL

CR2E034 (3/95)

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**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 386047 (5)

1. Corporation Name
BIG DADDY'S LOUNGES, INC.

Principal Place of Business	Mailing Address
2841 CYPRESS CREEK RD. P.O. BOX 491650 FT. LAUDERDALE FL 33349-0650	2841 CYPRESS CREEK RD. P.O. BOX 491650 FT. LAUDERDALE FL 33349-0650

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/29/1971	04/15/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		NOT APPLICABLE	
24 Zip		29 Zip		5. Certificate of Status Desired	
25 Country		30 Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution	
KASTNER, JEFFREY D 2841 CYPRESS CREEK ROAD FT. LAUDERDALE FL 33349				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
81 Name				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
82 Street Address (P.O. Box Number is Not Acceptable)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
83				10. Name and Address of New Registered Agent	
84 City				FL	
				85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (DATE) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANIGAN, JOSEPH G	1.2 NAME	
STREET ADDRESS	2841 CYPRESS CREEK RD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL	1.4 CITY, ST, ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTON, WILLIAM	2.2 NAME	
STREET ADDRESS	2841 CYPRESS CREEK RD.	2.3 STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL	2.4 CITY, ST, ZIP	
TITLE	TSV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYMANN, MARY C.	3.2 NAME	
STREET ADDRESS	2841 CYPRESS CREEK RD.	3.3 STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL	3.4 CITY, ST, ZIP	
TITLE	ASD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, GERMAINE M	4.2 NAME	
STREET ADDRESS	2841 CYPRESS CREEK RD.	4.3 STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 the 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: *Mary C. Reymann* June 7, 1995 305-974-903
 SECRETARY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)

CR2E034 (3-95)