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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

604904

(3)

SMITH, GRAHAM & ASSOCIATES, P.A.

 'rincipa' Place c	of Business	Mailing Address			IBI BIBII 34011 BIBIH BIBIH BIBIH BIBIH 1861
96 NE 4TH AVENUE 96 NE 4TH AVENUE DELRAY BEACH FL 33483 DELRAY BEACH FL 3			3483		
				3. Date incorporated or Qualified 12/26/1973	3a. Date of Last Report 04/13/1995
Principa' Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		59-1498196	Not Applicable
Suite, Apt. 4, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
l Ζιμ	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s 199.032,
	25	29	[30]	Florida Statutes K Yes  10. Name and Address of New Re	
	9. Name and Address of Currer	it Registered Agent	81 Name	TO. Maille shu Address Of New Fi	Sustained Ageint
01.41T1 1 T					
	HOMAS A		82 Street Add	Iress (P.O. Box Number is Not Acceptabl	e)
96 NE 4T			83		
DELRAY I	pon., rt				
33483			<b>84</b> City		FL 85 Zip Code
familiär witr GNATUSE	i, and accept the obligations of, Sect	tion 607.0505, Florida Statute	98.	ard of directors. I hereby accept the appo	DATE
?. · · · · · · · · · · · · · · · · · · ·	Syra and types or printed name of registered agent Of FICE US AN	D DIRECTORS	<ul> <li>E Registered Agent signature requirement</li> <li>13.</li> </ul>	ADDITIONS/CHANGES TO OFFI	
:: [F ]	SD SD	DELETE	1 1 THILE		Change Addition
Mi	HINZ, WALTER F	••	1.2 NAME		•
REFLACIONESS	96 NE 4TH AVE		1.3 STREET ADDRESS		
S 712	DELRAY BEACH FL		. 14 CITY - St - ZIP		
.f	VD	C_) DETE LE	2 1 TITLE		Change 🔲 Addition
VE.	GRAHAM, DAVID P		2 2 NAME		
(ELLADORESS	96 NE 4TH AVE		2 3 STREET ADDRESS		
Y 51-70	DELRAY BCH., FL 00000		2 4 CITY - ST - ZIP	ZIP 33	483
LF	PD	DELETE	3 1 TITLE		Change 🗋 Addition
Mt	SMITH, THOMAS A		3.2 NAME		
KEEL ADDRESS	96 NE 4TH AVE		3.3 STREET ADDRESS	ZIP 33	483
Y-51-7P	DELRAY BCH., FL 00000	ED 55: 51:	3 4 CITY - ST - ZiP		Change Addition
[F		DECE16	4 1 TITLE		Li Guange Li Addition
M:			4.2 NAME		
REFT ADDRESS			4.3 STREET ADDRESS		
Y 55-Zi2 UE		T) DELETE	4.4 CHY - ST - ZIP 5.1 TIME		Change Addition
ME .		<u> </u>	5.2 NAME		
HELLADORESS			5 3 STHEET ADDRESS		
Y ST ZIP			5 4 C(1)Y-S1-Z(F		
if		DELETE	6 1 TITLE		Change  Addition
ML			6.2 NAME		
RELEADORESS			6 3 STREET ADDRESS		
tr - 51 - 216			6 4 Crty - ST - ZrP		
certify that	the information indical ad on this san	iual report or supplemental ar oration or the receiver or trus	nnual report is true and accul tee empowered to execute t	for the exemption stated in Section 119, rate and that my signature shall have the his report as required by Chapter 607, Fil	same legal effect as it made under

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAVID P. GRAHAM, V.P.

(407) 276-7468 1/15/96

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