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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

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Principal Place	e of Business		Mailing Add	dress							
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9401 BISCAY MIAMI SHOR	TNE BLVD RES FL 33138		9401 BISCAYNE BLVD MIAMI SHORES FL 33138								
			•				3. Date Incorr	orated or Qualified	3a. Date	of Last	Report
								9/1965	I	1/27/1	•
_ `	lace of Business	3	2a. Mailing	Address			4. FEI Numbe	r		' ' ' ' ' '	Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.				59-08				Not Applicable
Suite, Apr. #, etc.			Suite, Apt. #, etc.				5. Certificate of	of Status Desired			Additional Required
City & State	e		City & S	State			6. Election Ca	mpaign Financing			O May Be
23			28					Contribution			d to Fees
Zip 24	25	Country	Zip		Country	У		ation has liability for			199.032,
		od Address of Current	29 Registered Ag	ent	[30]		Florida Stat	utes Address of New F	Yes X N		
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FIT7GFF	RALD I PAT	RICK			82		Address (P.O. Box Num	hor in Not Assessed	ylo)		
FITZGERALD, J. PATRICK 110 MERRICK WAY CORAL GABLES FL 33134						Sireeux	Appress (P.O. Box Nur	ider is not Acceptat	oie)		
				83							
					84	City				85 Zr	o Code
-									FI.	03 24	3 COG6
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11. Pursuant t	rea agent, or bo	s of Sections 617.0502 a oth, in the State of Florida	a. Such change:	was authorize	es, the above-	named so	rporation submits this s	statement for the pur		ing its r	egistered office
11. Pursuant t	rea agent, or bo	s of Sections 617,0502 a oth, in the State of Florida the obligations of, Section	a. Such change:	was authorize	es, the above-	named so	rporation submits this s board of directors. I her	statement for the pureby accept the app		l jing its r gistered	egistered office agent. I am
11. Pursuant to register familiar with SIGNATURE	th, and accept	the obligations of, Section	a. Such change on 617.0503, Flo	was authorize rida Statutes.	es, the above- ed by the corp	named cor poration's t	board of directors. I he	statement for the pureby accept the app	rpose of chang ointment as re	ning its r gistered	egistered office agent. I am
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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 unde 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

| 1 - 22 - 96 | 757 - 634 |
| SIGNATURE | AND TYPED OFFINITED NAME OF SIGNING OFFICER OR DIRECTOR
| John J. Vaughan, President