FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. FEI Number 5. 59-6652019 Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 3. Country 4. FEI Number 5. Certificate of Status Desired 3. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Election Campaign Financing 7. Trust Fund Contribution 7. Trust Fund Contribution 7. Country 7. Coun	Last Report 01/1995 Applied For 1 Not Applicable 3.75 Additional Fee Required 5.00 May Be Added to Fees der s. 199.032,
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Zip Country Zip Country 8. This corporation has liability for intangible tax und Florida Statutes 10. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name 10. Name and Address of New Registered Agent 10. Name	der s. 199.032,
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OSBORNE, R. BRADY, JR. % OSBORNE, HANKINS, MACLAREN & REDGRAVE 998 S. FEDERAL HIGHWAY BOCA RATON FL 33432 84 City FL 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing 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 regist familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tide if applicable NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS	t
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRE	
TITLE PD DELETE 1.1 TITLE DE	ECTORS IN 12
_ · · -	ange 🔲 Addition
NAME MORTIMER, WALTER F 1.2 NAME	
STREET ADDRESS 2910 NE 39TH COURT 1.3 STREET ADDRESS	
CITY-ST-ZIP	ange Addition
The Part of the Pa	ange Addition
NAME MASTROTOTARO, MARGARET STREET ANDRESS ONE FINANCIAL PLAZA 14TH FLOOR 23 STREET ADDRESS	
OTTO THE PROPERTY OF THE PROPE	
CITY-ST-ZIP FT. LAUDERDALE FL 2.4 CITY-ST-ZIP TITLE SD DELETE 3.1 TITLE Che	ange
NAME HOWARD, JULITA 3.2 NAME	
STREET ADDRESS 7601 N. FEDERAL HWY. 3.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 34 CITY-ST-ZIP	
TITLE TD DELETE 4.1 TITLE	ange 🗀 Addition
NAME MALONE, RICHARD 4.2 NAME	
STREET ADDRESS 333 SW 12 AVENUE 4.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BCH FL 44 CITY-ST-ZIP 44 CITY-ST-ZIP Ch	ange
ED .	ange Addition
NAME MERCIER, POPPI 52 NAME	
STREET ADDRESS OCTY-ST-ZIP BOCA RATON FL 5.3 STREET ADDRESS 5.4 GITY-ST-ZIP 5.4 GITY-ST-ZIP	l
CITY-ST-ZIP BUCA HATON FL 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Ch	
NAME 6.2 NAME	nange Addition
STREET ADDRESS 6.3 STREET ADDRESS	ange Addition
CITY-ST-ZIP 6.4 CITY-ST-ZIP	ange Addition
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)(k). Florida 3 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 effective 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 effective the same legal effective 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 effective the same legal effective 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 effective the same legal effective 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 effective the same legal effective the same legal effective the same legal effective 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 effective the same legal effective that the same legal effective the same legal effective that the same legal effective the same legal effective the same legal effective the same legal effective that the same legal effective the same legal effective that the same legal effective the same legal effe	-

oath, that I am an officer or director of the corporation or the receiver or trustee en appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Puppi W 2 + CUT POPPI Mercier

1) 124 96 (401) 368-6875