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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # G62985 (8)  APOTHEKER & BLUMSTEIN, P.A.												
APOINE	ENEN & DI	LUMBIEIN, F.A.	1									
Principal Place of Business Mailing Address  4960 N. DIXIE HWY 4960 N. DIXIE HWY								<b>:</b> 10101 13101	Ball Binis Bin	<b>  </b>		
FT LAUDERDA				T LAUDERDALE FL	33334						<del></del>	
								3. Date Incorporated or C	Qualified	1 '	e of Last R	
								09/28/1983			4/04/19	Applied For
Principal Place of Business		<u> </u>	2a. Mailing Address				1			Not Applicable		
		26	Suite, Apt. #, etc.						\$8.75		Additional	
Suite, Apt. #, etc. 2 City & State			27	27 City & State				Certificate of Status Desired     Election Campaign Financing	estreo		Required	
											\$5.00 May Be	
3			28					Trust Fund Contribution				d to Fees
Zip	<u> </u>	Country		Zip	30	untry		This corporation has li     Florida Statutes		intangitile t □No	ax under s	199.002,
	2 Name at	5 did Address of Curre	29 Int Regis	tered Agent	[30]	T		10. Name and Address			Agent	
	9, Name a	IIO Address of Curre	ill Hogic	iolog rigolii		81 N	lame					
ADATUE	ven Lauen					82 S	Stroot Addre	ess (P.O. Box Number is Not	Acceptab	ole)		
APOTHEKER, LAWRENCE					02	Sileer Addre		·				
4960 NORTH DIXIE HIGHWAY FT. LAUDERDALE 33334						83						
						84 C	City			<u></u>	85 Z	ip Code
									FL			
11. Pursuant to	o the provision	ns of Sections 607.050	02 and 60	7.1508, Florida Stat	utes, the ab	ove-nan	ned corpora	ation submits this statement	for the pu	mose of ch	nanging its	registereα οπισε d aoent. I am
or registere familiar with	ed agent, or be h, and accept	oth, in the State of Flo the obligations of, Sec	oria. Sucr ction 607.	n change was autho .0505, Florida Statul	es.	Согрога	3110113 DOG!	ation submits this statement dof directors. Thereby accept	for the pu	mose of ch	nanging its is registered	registered office d agent. I am
or registere familiar with SIGNATURE.	ed agent, or be h, and accept	oth, in the State of Fig. the obligations of, Sec	ortion 607, ont and title if	n Criange was autho ,0505, Florida Statut applicable	es.	ed Agent sig	3110113 DOG!	ation submits this statement d of directors. I hereby accep d when reinstating) ADDITIONS/CHANGE		rpose of chointment a	D DIRECTO	ORS IN 12
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oath, that I am an officer or director of the corporation or the receiver or trustee erril appears in Block 12 or Block 13 inchanged for on an attachment with an address.

SIGNATURE: Lawrence Apotheke Lawrence Apotheker 3 12 96 (954) 491-8127