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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORFORATIONS

1996

Corporation	MENT # H833 E DAVID GREEN P.A.	) <del>-10</del>	(.,					
hincipal Place of Business Mailing Address  * BRUCE D. GREEN  * BRUCE D. GREEN								
600 S. ANDR	REWS AVENUE SUITE 400 ERDALE FL 33301	600 S. Al	NDREWS AVE. UDERDALE FL			3. Date Incorporated or Qualified	3a. Date of La	st Report
						10/31/1985	02/07/	
ғтторы ғла	ace of Business	2a. Mailing /	Address			4. FEt Number 59-2602158	-	Applied For Not Applicable
Suite, Apt. #	k, etc.	Suite, A	pt. #, etc.			5. Certificate of Status Desired		.75 Additional
City & State		27   City & S	itate			6. Election Campaign Financing	\$!	ee Required  May Be
Zip	Country	<b>28</b> Zip		Country		Trust Fund Contribution  8. This corporation has liability for		dded to Fees
. 4.	25	29		30		Florida Statutes 🔲 Ye	es □No	
	9. Name and Address of Cur	rrent Hegistered Ag	ent	81	Name	10. Name and Address of New	Registered Agent	
GREEN	BRUCE D.			82		ress (P.O. Box Number is Not Accept	able)	
GREEN, BRUCE D. 600 S. ANDREWS AVENUE SUITE 400					Street Addi	1955 (1.0. Dox right) to the reception		· = ····
				83				
FORT LAUDERDALE FL 33301				84	City		FL B5	Zip Code
or registers	ed agent, or both, in the State of F	Florida, Such change	was authorize	s, the above r d by the corp	named corpoi oration's boa	ration submits this statement for the pard of directors. I hereby accept the ac	purpose of changing	its registered officered agent. I am
or registere familiar with SNATURE	ed agent, or both, in the State of F th, and accept the obligations of, S	Florida, Such change Section 607,0505, Flo	was authorize orida Statutes.	d by the corp	oration's boa	ration submits this statement for the p ird of directors. I hereby accept the ap ad when renstating?	ourpose of changing pointment as registed	its registered offic ered agent. I am
or registere familiar with NATURE	ed agent, or both, in the State of Fith, and accept the obligations of, Signature, typed or protect name of registered a OF LICERS	Florida, Such change Section 607,0505, Flo agent and tills if applicable AND DIRECTORS	was authorize orida Statutes. (NO)	d by the corp  Fegistered Ager  13.	oration's boa	rd of directors. I hereby accept the ap	DATE FRICERS AND DIRE	ered agent. I am CTORS IN 12
or registere familiar with	ed agent, or both, in the State of Fith, and accept the obligations of, Signature, typed or protect name of registered a OF FICE.HS	Florida, Such change Section 607,0505, Flo agent and tills if applicable AND DIRECTORS	was authorize orida Statutes.	d by the corp  Registered Ager	oration's boa	ird of directors. I hereby accept the ap	ppointment as regist	ered agent. I am CTORS IN 12
or registere familiar with	ed agent, or both, in the State of Fith, and accept the obligations of, Signature, typed or protect name of registered a OFFICE.HS  PD  GREEN, BRUCE D.	Florida. Such change Section 607.0505, Flo agent and title if applicable AND DIRECTORS	was authorize orida Statutes. (NO)	d by the corp  Fegistered Ager  13.  1 1 TITLE	ioration's boa	ird of directors. I hereby accept the ap	DATE FRICERS AND DIRE	ered agent. I am CTORS IN 12
or registere familiar with NATURE	ed agent, or both, in the State of Fith, and accept the obligations of, Signature, typed or protect name of registered a OF FICE.HS	Florida. Such change Section 607.0505, Floagent and this if agricable AND DIRECTORS	was authorize orida Statutes. (NOT	t Registered Ager 13. 1 1 TITLE 12 NAME 13 STREET 14 CITY-S	oration's boa	ird of directors. I hereby accept the ap	DATE FRICERS AND DIRE	ered agent. I am  CTORS IN 12  nge
or registere familiar with SNATURE SNATURE STATE FOR STATE S	ed agent, or both, in the State of Fith, and accept the obligations of, S Separate, hypotrocontest name et registricals OFFICE.RS PD GREEN, BRUCE D. 600 S. ANDREWS AVENU	Florida. Such change Section 607.0505, Floagent and this if agricable AND DIRECTORS	was authorize orida Statutes. (NO)	E Registered Ages  13.  1 1 TITLE  12 NAME  1 3 STREET  14 CITY-S  2 1 TITLE	oration's boa	ird of directors. I hereby accept the ap	DATE FRICERS AND DIRE	ered agent. I am  CTORS IN 12  nge
or registere familiar with NATURE	ed agent, or both, in the State of Fith, and accept the obligations of, S Separate, hypotrocontest name et registricals OFFICE.RS PD GREEN, BRUCE D. 600 S. ANDREWS AVENU	Florida. Such change Section 607.0505, Floagent and this if agricable AND DIRECTORS	was authorize orida Statutes. (NOT	t Registered Ager 13. 1 1 TITLE 12 NAME 13 STREET 14 CITY-S	oration's board signature require signature sign	ird of directors. I hereby accept the ap	DATE FRICERS AND DIRE	ered agent. I am  CTORS IN 12  nge
or registere familiar with NATURE	ed agent, or both, in the State of Fith, and accept the obligations of, S Separate, hypotrocontest name et registricals OFFICE.RS PD GREEN, BRUCE D. 600 S. ANDREWS AVENU	Florida. Such change Section 607.0505, Flo agent and title if applicable AND DIRE CTORS	was authorize vida Statutes. (NOT ) DELETE	E Registered Ages  13.  1 1 Tifle  12 NAME  1 3 STREET  1.4 CITY-S  2 1 Tifle  22 NAME	oration's board signature required to the si	ird of directors. I hereby accept the ap	DATE FRICERS AND DIRE	ered agent. I am  CTORS IN 12  nge
or registere familiar with snature.  F. G. H. LASORESS ST. ZIP  F. ELL ADORESS ST. ZIP  F. ELL ADORESS ST. ZIP  F. ELL ADORESS ST. ZIP	ed agent, or both, in the State of Fith, and accept the obligations of, S Separate, hypotrocontest name et registricals OFFICE.RS PD GREEN, BRUCE D. 600 S. ANDREWS AVENU	Florida. Such change Section 607.0505, Flo agent and title if applicable AND DIRE CTORS	was authorize orida Statutes. (NOT	E Registered Ager  13.  1 1 Title  12 NAME  13 STREET  14 CITY-S  2 1 TITLE  22 NAME  23 STREET  24 CITY-S  3.1 TITLE	oration's board signature required to the si	ird of directors. I hereby accept the ap	DATE FRICERS AND DIRE	ered agent. I am  CTORS IN 12  nge Addition
or registere familiar with snature.  F. G. H. LASORESS ST. ZIP  SELLADORESS ST. ZIP  F. ST. ZIP	ed agent, or both, in the State of Fith, and accept the obligations of, S Separate, hypotrocontest name et registricals OFFICE.RS PD GREEN, BRUCE D. 600 S. ANDREWS AVENU	Florida. Such change Section 607.0505, Flo agent and title if applicable AND DIRE CTORS	was authorize vida Statutes. (NOT ) DELETE	E Registered Ages 13. 11 TITLE 12 NAME 13 STREET 14 CITY-S 2 1 TITLE 22 NAME 23 STREET 24 CITY-S 3 1 TITLE 32 NAME	oration's board signature requires a ADDRESS ST-ZIP	ird of directors. I hereby accept the ap	DATE FRICERS AND DIRE Chai	ered agent. I am  CTORS IN 12  nge Addition
or registere familiar with snature.  F  F  F  F  F  F  F  F  F  F  F  F  F	ed agent, or both, in the State of Fith, and accept the obligations of, S Separate, hypotrocontest name et registricals OFFICE.RS PD GREEN, BRUCE D. 600 S. ANDREWS AVENU	Florida. Such change Section 607.0505, Flo agent and title if applicable AND DIRE CTORS	was authorize vida Statutes. (NOT ) DELETE	E Registered Ages 13. 11 TITLE 12 NAME 13 STREET 14 CITY-S 2 1 TITLE 22 NAME 23 STREET 24 CITY-S 3 1 TITLE 32 NAME	oration's board signature required in appreciation of the signature requ	ird of directors. I hereby accept the ap	DATE FRICERS AND DIRE Chai	ered agent. I am  CTORS IN 12  nge Addition
or registere familiar with snature.  F  F  F  F  F  F  F  F  F  F  F  F  F	ed agent, or both, in the State of Fith, and accept the obligations of, S Separate, hypotrocontest name et registricals OFFICE.RS PD GREEN, BRUCE D. 600 S. ANDREWS AVENU	Florida. Such change Section 607.0505, Flo	was authorize vida Statutes. (NOT ) DELETE	E Registered Agen  13.  1 1 TITLE  12 NAME  13 STREET  14 CITY-S  2 1 TITLE  22 NAME  23 STREET  24 CITY-S  3.1 TITLE  32 NAME  33 STREET	oration's board signature required in appreciation of the signature requ	ird of directors. I hereby accept the ap	DATE FRICERS AND DIRE Chai	ered agent. I am  CTORS IN 12  nge
or registere familiar with snature.  For that address of the tabletes of tabletes	ed agent, or both, in the State of Fith, and accept the obligations of, S Separate, hypotrocontest name et registricals OFFICE.RS PD GREEN, BRUCE D. 600 S. ANDREWS AVENU	Florida. Such change Section 607.0505, Flo	was authorize vida Statutes. (NOT  DELETE	E Registered Agen  13. 1 1 TITLE 12 NAME 13 STREET 14 CITY-S 2 1 TITLE 22 NAME 23 STREET 24 CITY-S 3.1 TITLE 32 NAME 33 STREE 34 CITY-S 4 1 TITLE 42 NAME	I ADDRESS S1-7IP I ADDRESS S1-7IP I ADDRESS S1-7IP	ird of directors. I hereby accept the ap	DATE FRICERS AND DIRE Chai	ered agent. I am  CTORS IN 12  nge
F F ADDRESS (\$1-70)	ed agent, or both, in the State of Fith, and accept the obligations of, S Separate, hypotrocontest name et registricals OFFICE.RS PD GREEN, BRUCE D. 600 S. ANDREWS AVENU	Florida. Such change Section 607.0505, Flo	was authorize vida Statutes. (NOT  DELETE	E Registered Agent 13.  1 1 TITLE 12 NAME 13 STREET 14 CITY - S 2 1 TITLE 22 NAME 23 STREET 24 CITY - S 3.1 TITLE 32 NAME 33 STREET 34 CITY - S 4.1 TITLE 42 NAME 43 STREET 42 NAME 43 STREET 44 STREET 45 NAME 43 STREET 45 NAME 43 STREET 45 NAME 43 STREET 45 NAME 43 STREET 15 NAME 15	I ADDRESS S1-ZIP I ADDRESS S1-ZIP I ADDRESS S1-ZIP	ird of directors. I hereby accept the ap	DATE FRICERS AND DIRE Chai	ered agent. I am  CTORS IN 12  nge
FI ADDRESS  ST ZIP  ST ADDRESS	ed agent, or both, in the State of Fith, and accept the obligations of, S Separate, hypotrocontest name et registricals OFFICE.RS PD GREEN, BRUCE D. 600 S. ANDREWS AVENU	Florida. Such change Section 607.0505, Florida in the Hagylicable AND DIRECTORS  JE, SUITE 400	was authorize vida Statutes. (NOT  DELETE	E Registered Agen  13. 1 1 TITLE 12 NAME 13 STREET 14 CITY-S 2 1 TITLE 22 NAME 23 STREET 24 CITY-S 3.1 TITLE 32 NAME 33 STREE 34 CITY-S 4 1 TITLE 42 NAME	I ADDRESS S1-ZIP I ADDRESS S1-ZIP I ADDRESS S1-ZIP	ird of directors. I hereby accept the ap	DATE FRICERS AND DIRE Chai	ered agent. I am  CTORS IN 12  nge
or registere familiar with snature.  For the address of the addres	ed agent, or both, in the State of Fith, and accept the obligations of, S Separate, hypotrocontest name et registricals OFFICE.RS PD GREEN, BRUCE D. 600 S. ANDREWS AVENU	Florida. Such change Section 607.0505, Florida in the Hagylicable AND DIRECTORS  JE, SUITE 400	WAS AUTHORIZE  INOT  DELETE  DELETE	E Registered Agen  13. 1 1 TITLE 12 NAME 13 STREET 14 CITY-S 2 1 TITLE 22 NAME 23 STREET 24 CITY-S 3.1 TITLE 32 NAME 33 STREE 34 CITY-S 4 1 TITLE 42 NAME 43 STREET 44 CITY-S	I ADDRESS S1-ZIP I ADDRESS S1-ZIP I ADDRESS S1-ZIP	ird of directors. I hereby accept the ap	DATE FFICERS AND DIRE Chai	ered agent. I am  CTORS IN 12  nge
or registere familiar with snature.  For the address of stadioness of st	ed agent, or both, in the State of Fith, and accept the obligations of, S Separate, hypotrocontest name et registricals OFFICE.RS PD GREEN, BRUCE D. 600 S. ANDREWS AVENU	Florida. Such change Section 607.0505, Florida in the Hagylicable AND DIRECTORS  JE, SUITE 400	WAS AUTHORIZE  INOT  DELETE  DELETE	E Registered Ages  13.  1 1 TITLE 12 NAME 13 STREET 14 CITY-S 2 1 TITLE 22 NAME 23 STREET 24 CITY-S 3.1 TITLE 32 NAME 33 STREET 44 CITY-S 4 1 TITLE 42 NAME 43 STREET 44 CITY-S 5 1 TITLE 52 NAME 53 STREET	I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP	ird of directors. I hereby accept the ap	DATE FFICERS AND DIRE Chai	ered agent. I am  CTORS IN 12  nge
or registere familiar with snature.  Full address (1-51-7)P	ed agent, or both, in the State of Fith, and accept the obligations of, S Separate, hypotrocontest name et registricals OFFICE.RS PD GREEN, BRUCE D. 600 S. ANDREWS AVENU	Florida. Such change Section 607.0505, Florida in Florida in Applicable AND DIRECTORS  JE, SUITE 400	WAS AUTHORIZE  INOT  DELETE  DELETE  DELETE	E Registered Agent 13.  1 1 TITLE 12 NAME 13 STREET 14 CITY - S 2 1 TITLE 22 NAME 23 STREET 24 CITY - S 3 1 TITLE 32 NAME 33 STREET 44 CITY - S 5 1 TITLE 42 NAME 43 STREET 44 CITY - S 5 1 TITLE 52 NAME 53 STREET 54 CITY - S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S	I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP	ird of directors. I hereby accept the ap	DATE FFICERS AND DIRE Cha	ered agent. I am  CTORS IN 12  nge
or registere familiar with smature.  F. M. Hill address (* ST - ZIP + ZE - TADDRESS (* ST - ZIP - E - ZIP - ZIP - E - ZIP - ZI	ed agent, or both, in the State of Fith, and accept the obligations of, S Separate, hypotrocontest name et registricals OFFICE.RS PD GREEN, BRUCE D. 600 S. ANDREWS AVENU	Florida. Such change Section 607.0505, Florida in Florida in Applicable AND DIRECTORS  JE, SUITE 400	WAS AUTHORIZE  INOT  DELETE  DELETE	t Registered Agent 13.  1 1 TITLE 12 NAME 13 STREET 14 CITY - S 2 1 TITLE 22 NAME 23 STREET 32 NAME 33 STREET 42 NAME 43 STREET 42 NAME 43 STREET 44 CITY - S 5 1 TITLE 52 NAME 53 STREET 54 CITY - S 6 1 TITLE 54 CITY - S 6 1 TITLE 55 NAME 55 STREET 54 CITY - S 6 1 TITLE 56 1 TITLE 56 1 TITLE 56 1 TITLE 57 NAME	I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP	ird of directors. I hereby accept the ap	DATE FFICERS AND DIRE Chai	ered agent. I am  CTORS IN 12  nge
or registere familiar with SNATURE	ed agent, or both, in the State of Fith, and accept the obligations of, S Separate, hypotrocontest name et registricals OFFICE.RS PD GREEN, BRUCE D. 600 S. ANDREWS AVENU	Florida. Such change Section 607.0505, Florida in Florida in Applicable AND DIRECTORS  JE, SUITE 400	WAS AUTHORIZE  INOT  DELETE  DELETE  DELETE	E Registered Agent 13.  1 1 TITLE 12 NAME 13 STREET 14 CITY - S 2 1 TITLE 22 NAME 23 STREET 24 CITY - S 3 1 TITLE 32 NAME 33 STREET 44 CITY - S 5 1 TITLE 42 NAME 43 STREET 44 CITY - S 5 1 TITLE 52 NAME 53 STREET 54 CITY - S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S	I ADDRESS SI-ZIP	ird of directors. I hereby accept the ap	DATE FFICERS AND DIRE Cha	ered agent. I am  CTORS IN 12  nge

TEO NAME OF SIGNING OFFICER OR DIRECTOR

Jon. 4, 1996

254-50-6554