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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996			DIVISION C							
OCUI . Corporation	MENT #	K2980	00	(5)							
	ESSFUL SYST	EMS INNOVA	ATORS, I	NC.							
rincipal Place	of Business		Mailın	g Address			LIBBLANII BIID LÄŽOTA IRAI	EL JOHN DIJIJI	ODII ENDII ANAL		OUR AND CURE
6301 NW 5 V	WAY			1 NW 5 WAY							
STE 4710 FT LAUDERD	ALE FL 33309			: 4710 Lauderdale fl	33309						
U\$		US				3. Date Incorporated or Qualified 07/25/1988		3a. Date of Last Report 03/13/1995			
Principal Pla	ace of Business So Wive	nê ve M	A	ailing Address	Du Laco	ry on	4. FEI Number	, , , , , , , , , , , , , , , , , , , ,			Applied For
Suite, Apt. 1	#. etc.	isiy Do	26 <i>U</i>	uite, Apt. #, etc.	Jugisi	17 IIC_	65-0073486				Not Applicable
SUIT City & State	E 267		27 5	VITE 2	57	,	5. Certificate of Status D				Additional Required
DAVI	E A	<u></u>	28	ty & State AUIE	PC		6. Election Campaign Fin Trust Fund Contribution	on		Adde	O May Be d to Fees
<i>"</i> 333,	98 z5 ~	USA	29	3331 <i>8</i>	30 Co	US/	8. This corporation has li Florida Statutes	iability for in		x under s	199.032,
		ddress of Curren		ed Agent	[30]		10. Name and Address		Beer 1	aent	
						81 Name					
	rd, deborah a					82 Street Add	dress (P.C. Box Number is Not	Acceptabl	(e)		
	I.W. 67 AVENUE					00		·			
SUITE 2						83					
						84 City				85 Z	Code
MIAMI FI Pursuant to or registere	o the provisions of Sed agent, or both, in	Sections 607.0502 the State of Florid	and 607.16	508, Florida Statu ange was authori	tes, the abo	- /	oration submits this statement f	or the purp	FL pose of char	nging its r	egistered offic
Pursuant to or registere familiar with	o the provisions of sed agent, or both, in th, and accept the c	organoris or, secti	1011 607.000	o, rionda Statute	3 .	ove-named corpo corporation's bo	oration submits this statement for ard of directors. I hereby accept	or the purp of the appo	pose of char intment as r	nging its r registered	egistered offic agent. I am
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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