

Date Due: 05/01/96 Amount Due: \$200.00 If After Due Date: \$225.00

CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: DOCUMENT # K71113 (0)
1700 N. State Road 7, Inc.
1700 N. State Road 7
Hollywood, FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3/2/89
3a. Date of Last Report
4. FEI Number: 65-0099907
Applied For: Not Applicable

FILING FEE \$200.00 ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country
2a. Principle Place of Business: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes [X] No []

9. Name and Address of Current Registered Agent: ROTUNNO, Joseph
1700 N. State Road 7
HOLLYWOOD, FL 33021
10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Registered Agent Accepting Appointment) DATE:

| 12. OFFICERS AND DIRECTORS | | 13. OFFICERS AND DIRECTORS CHANGES | |
|----------------------------------|----------------------------------|------------------------------------|----------------------|
| 1.1 TITLE: PSD | 1.2 NAME: Joseph Rotunno | 1.1 TITLE: | 1.2 NAME: |
| 1.3 ADDRESS: 1700 N. State Rd. 7 | 1.3 ADDRESS: HOLLYWOOD, FL 33021 | 1.3 ADDRESS: | 1.3 ADDRESS: |
| 1.4 CITY - ST - ZIP: | 1.4 CITY - ST - ZIP: | 1.4 CITY - ST - ZIP: | 1.4 CITY - ST - ZIP: |
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| 6.4 CITY - ST - ZIP: | 6.4 CITY - ST - ZIP: | 6.4 CITY - ST - ZIP: | 6.4 CITY - ST - ZIP: |

14. I 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 under oath. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 4/20/96
Print/Type Name of Signing Officer or Director: Title(s): Daytime Telephone Number: ()