	D NOTICE: CORPORATION WILL BE E ON OR BEFORE 8/7/96: \$225 (IF DISS								
	PROFIT	FLORIDA DEPAR]				
CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State									
1996 DIVISION OF CORPORATIONS									
DOCUMENT # L64638 1. Corporation Name Pencer Associates, Inc.									
Into	ce of Business DI N.W. 112 Te		.			·-1			
		3. Date Incorporated or Qualified		of Last R Q A					
2. Principal Place of Business 2a. Mailing Address 21 1451 NW 113 TEXX 26 1451 NW 113 TEXX					4. FEI Number/)4	_ 	plied For t Applicable	
Suite, Apt #, etc. Suite, Apt #, etc 27					5. Certificate of Status Desired		\$8.75 / Fee Re		
City & Stat	· · · · · · · · · · · · · · · · · · ·	Sity & State	rina	J7.e	Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added t		
Zip 24 330°		Zip 29 33011	Country 30	PC	8. This corporation has liability for	rintangible ta	x under s		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New R	egistered Ag	ent		-
Pe	any Buchhi	<u> </u>	82	Street Addres	ss (P.O. Box Number is Not Accepta	ible)			-
1421 UM 113 1622.									-
	oral Spric	195 FL. 33	2071	City		······································	er Zo f	Code	
11 Purcuant	to the provisions of Sections 607 0503	<i></i>		•			'		
office or f	registered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was a	uthorized by	the corporatio	ration submits this statement for the n's board of directors. I hereby acce	purpose of ci ppl the appoi	nanging its ntment as	s registered registered	
SIGNATURE	Signature typed or pointed name of registered agen	1075							
12.	OFFICERS AND		13.	n) signature required	ADDITIONS/CHANGES TO OFFI	DATE CERS AND D	IRECTOR	S IN 12	ြု
TITLE	President,	CESIGENT DELETE					Change	Addition	(36/8)
NAME STREET ADORESS	LEDUL DUCKY		1.2 NAME 1.3 STREET	ADDRESS					R2E034
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NAME Street address			4 2 NAME 4 3 STREET A	ADDRESS					
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NAME STREET ADDRESS			6.2 NAME 6.3 STREET A	ADDRESS			3.	In.	
CITY - ST - ZIP				· ZIP			A. 3		
further de made und	by certify that the information supplied rtify that the information indicated on the derioath, that I am an officer or directo ame appears in Block 12 or Block, 13 in	his annual report or supplemer r of the corporation or the rece	ntal annuat re liver or truste	eport is true an e empowered	id accurate and that my signature st	all have the s	ama laga	Loffoot ac if	
SIGNAT	000011/10	PRINTED NAME OF SIGNING OFFICER O			1/0/2 6/11/96	954	755	5336	
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