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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

•	1996	DIVISION OF	F CORPORA	TIONS			
DOCUN 1. Corporation	MENT # L665	544 (2)					
	ASSOCIATES, INC.						
Principal Place	of Business	Mailing Address			FEBRIDII QIQ QIXIE GIADI QIIII DIQII	0161 01011 31011 01011 0101	I BIWII 14801 (681
% ERNEST W. KARLIN 7892 GLEN GARRY LN DELRAY BEACH FL 33446-3152		% ernest W. Karlın 7892 glen garry LN Delray beach Fl 33446-3152					
		<b>V</b>			3. Date Incorporated or Qualified 04/19/1990	3e. Date of Last F 05/01/19	•
¬ '	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
Suite, Apt. #	*, etc.	26 Suite, Apt. #, etc.			65-0191962	\$8.7	Not Applicable  5 Additional
		27			5. Certificate of Status Desired	7	Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		00 May Be ed to Fees
Zıp	Country	Zip	Cour	ntry	8. This corporation has liability for i	intangible tax under s	
4	9. Name and Address of Cu	29 urrent Registered Agent	[30]		Florida Statutes X Yes  10. Name and Address of New R		
	0			81 Name			
	ERNEST W.		-	82 Street Add	ress (P.O. Box Number is Not Acceptab	ile)	
	.en garry ln Beach fl 33446		-	83			
DELIVI	DENOTT E 30770		<u> </u>	94 64		Tael 7	ia Cada
			l'	<b>84</b> City		FL  85   Z	ip Code
familiar witi	o the provisions of Sections 607. ed agent, or both, in the State of th, and accept the obligations of,	0502 and 607.1508, Florida Statu Florida. Such change was authori Section 607.0505, Florida Statute	ites, the abovized by the cost.	ve-named corpor orporation's boa	ration submits this statement for the pur ard of directors. I hereby accept the appr	rpose of changing its ointment as registered	registered offic d agent. I am
familiar witi SIGNATURE	th, and accept the obligations of, Signature, typed or printed name of registered	Section 607.0505, Florida Statute diagent and bite if applicable. N S AND DIRECTORS	<b>3</b> \$.	ve-named corpor orporation's boa Agent signature require		DATE	• /
familiar with SIGNATURE	th, and accept the obligations of, Stynature, typed or printed name of registered OFFICERS P	Section 607,0505, Florida Statute d agent and little if applicable.  [N	OTE: Registered / 13.	Agent signature require	eo when remstating:	DATE	• /
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familiar with SIGNATURE 12.  ITTLE NAME STREET ADDRESS DITY-ST-ZIP	Styristure, typed or printed name of registered OFFICERS P KARLIN, ERNEST W 7892 GLEN GARRY LN DELRAY BCH FL S	Section 607.0505, Florida Statute diagent and bite if applicable. N S AND DIRECTORS	13. 1.1 TH 1.3 ST	Agent signature require TLE ME HEET ADDRESS (Y-ST-ZIP	eo when remstating:	DATE ICERS AND DIRECTO	ORS IN 12
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TAMBLE STREET ADDRESS DITY-ST-ZIP TITLE NAME	Styristure, typed or printed rame of registered OFFICERS P KARLIN, ERNEST W 7892 GLEN GARRY LN DELRAY BCH FL S KARLIN, JUDITH D 7892 GLEN GARRY LN	Section 607.0505, Florida Statute  Tagent and late if applicable: N S AND DIRECTORS  DELETE  DELETE  DELETE	NOTE: Registered /  13.  1.1 TH  1.2 NA  1.3 STF  1.4 CH  2.2 NA  2.3 STF  2.4 CH  3.1 TH  3.2 NA  4.1 TH  4.2 NA  4.3 STF  4.4 CH  5.1 TH  5.2 NA	Agent signature require  TLE  ME  HEET ADDRESS  IY-ST-ZIP  TLE  ME  IREET ADDRESS  IY-ST-ZIP  TLE  ME  IREET ADDRESS  IY-ST-ZIP  TLE  ME  IREET ADDRESS  IY-ST-ZIP  TLE  ME  REET ADDRESS  IY-ST-ZIP  TLE  ME	eo when remstating:	DATE ICERS AND DIRECTI Change Change	ORS IN 12 Addition Addition Addition
TAMBLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Styristure, typed or printed rame of registered OFFICERS P KARLIN, ERNEST W 7892 GLEN GARRY LN DELRAY BCH FL S KARLIN, JUDITH D 7892 GLEN GARRY LN	Section 607.0505, Florida Statute  Tagent and bite if applicable. [N S AND DIRECTORS]  DELETE  DELETE  DELETE  DELETE	SS.    NTE: Registered /   13.   1.1 TH   12 NA   1.3 STF   1.4 CH   2 NA   2.3 STF   2.4 CH   3.1 TH   3.2 NA   3.3 STF   3.4 CH   4.1 TH   4.2 NA   4.3 STF   4.4 CH   5.1 TH   5.2 NA   5.3 STF   5.4 CH   5.3 STF   5.4 CH   5.4 CH   5.5 STF   5.4 CH   5	Agent signature require  TLE  ME  HEET ADDRESS  IY-ST-ZIP  TLE  ME  REET ADDRESS  IY-ST-ZIP  TLE  ME  IREET ADDRESS  IY-ST-ZIP  TLE  ME  REET ADDRESS	eo when remstating:	DATE  IOERS AND DIRECTI Change  Change  Change	ORS IN 12 Addition Addition Addition Addition
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cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by chapter cor, i chied attracts, and appears in Block 12 or Block 12 or on an attachment with an address.

SIGNATURE: X

LIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

On the receiver or trustee empowered to execute this report as required by chapter cor, i chied attracts, and appears in Block 12 or Blo