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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1996		<i>!</i> ? .	DIVISION OF	ary of State CORPORATION	ONS				
DOCUMENT # L69209				(9)						
	H FLORIDA SI	URF, INC.					I IAARANI AIA ANIFE IBINA NANI A	DIIR IRIA DIBIL R	HEND BURDE BAR	I BIRIN TIRIN IRRI
mopal Place	e of Business		Mailing Add	dress						
% SCOTT P/ 237 NE 1671				T PAYNE 167TH ST						
MIAMI FL 33			MIAMI F				3. Date Incorporated or Qualified	3a. Dat	te of Last F	eport
							-04/24/1990	1	01/24/19	•
Principal Pla	lace of Business		2a. Mailing	Address			4. FEI Number			Applied For
			26				65-0189070			Not Applicable
Suite, Apt =	#, etc		Suite, A	Apt. #, etc.			5. Certificate of Status Desired		• •	Additional Required
City & State	e		City & S	State			6. Election Campaign Financing			May Be
•			28				Trust Fund Contribution			d to Fees
Zφ	F1	ountry	Zιp		Country	у	8. This corporation has liability for		tax under s	199.032
	[25]	Address of Current	29		30		Florida Statutes Y 10. Name and Address of New	es No	Agent	
	9. Name and 7	address of Current	negistered A	gent	81	Name	IU. Name and Address of New	negistered	Agent	
PAYNE, SCOTT							10.0 C N 15 15 N 15 A 15 A 15 A 15 A 15 A 15 A			
	, SCOTT : 167TH ST				62	Street Add	dress (P.O. Box Number is Not Accept	(able)		
	FL 33162				83	3				
IIII WIII I	L GO IOL				84	l City			85 Z	ip Code
					07			CI	65 ~	p Code
1. Pursuant t or register	to the provisions of red agent, or both,	Sections 607.0502 a in the State of Florida	and 607.1508, Such change	Florida Statute was authorize	es, the above- ed by the corp	nameo corpo poration's boa	oration submits this statement for the pard of directors. I hereby accept the a	ourpose of cl ppointment a	hanging its is registered	registered off d agent. I am
or register familiar wi	red agent, or both, th, and accept the	in the State of Florida obligations of, Section	Such change n 607.0505, Fl ateurappliable	e was authorize lorida Statutes	ed by the corp	poration's boa	and of directors. I hereby accept the a	ppointment a	is registered	agent. I am
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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; 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, Florida Statutes; and that my name appears in Brock 12 or Block 13 ochanged, or on an attachment with an address.

SIGNATUREX

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(2/14/96 X652-2573