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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

30

1996

24

). Mailing Address
Mailing Address
600 South Powerline RD. Deerfield Beach Fl 33442
2a. Mailing Address
Suite, Apt. #, etc
27
City & State
_

29

Country

9. Name and Address of Current Registered Agent

25

KRAFT, KEVIN A.

600 SOUTH POWERLINE RD. DEERFIELD BEACH FL 33442

6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032 Country Florida Statutes X Yes No 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 City Zip Code 84 85

3. Date Incorporated or Qualified

65-0235935

5. Certificate of Status Desired

08/15/1990

4. FEI Number

3a. Date of Last Report

03/03/1995

Applied For

Fee Required

Not Applicable

\$8.75 Additional

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, typed or printed nonle of regeleed agent and the diagnitual in ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS Add tion DELETE 1. 1 TITLE THUS NAME KRAFT, ALBERT H., JR 1.2 NAME 600 SOUTH POWERLINE RD. STREET ADDRESS 1.3 STREET ADDRESS DEERFIELD BEACH FL 1.4 CITY - ST - 7IP CITY ST-ZIF Change DELETE 2 1 TiTLE TILE KRAFT, MILDRED E 2.2 NAME NAME 600 SOUTH POWERLINE RD. 2.3 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 2.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE THLE 3 1 HILLE KRAFT, KEVIN A. 3.2 NAME NAME 600 SOUTH POWERLINE RD. 3.3 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 3 4 CHY - ST-ZIP CITY-ST-ZIP DELETE 4 1 TITLE Change Change T Addition THE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C(TY - ST - Z)P 0174-57-719 ☐ Change ☐ Addition DELETE THEF 5.2 NAME NAME 5.3 STREET ADDRESS STHEE! ADDRESS 5.4 CITY - ST - ZIP CITY-ST ZIP DELF 1E Change Add-tion 6 1111:6 TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY ST-ZIP CITY-ST-ZIP

14. Loo hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

×3-3-96

407-421-4300

Daytarie Etru ik. ≇

CR2E034 (12/95)