## 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

1996

| DOCUN  I. Corporation I  |  | " [A]   | 32612              | _            | (   | . ,       |  |  |                                       |                                |   |               |                        |                             |                     |                        |
|--|--|---|--------------------|--------------|---|-----------|--|--|---------------------------------------|--------------------------------|---|---------------|------------------------|-----------------------------|---------------------|------------------------|
| •  |  | IAMI, INC.  |                    |              |   |           |  |  |                                       |                                | <b>                                    </b> |               | 11 <b>818</b> 5181 818 |                             |                     | 8:8() <b>8</b> :8() 16 |
|  |  |   |                    |              |   |           |  |  |                                       |                                |   |               |                        |                             |                     |                        |
| Principal Place of Business Mail   |  |   |                    | Mailir       | ng Address                                    |           |  |  |                                       |                                |   |               |                        |                             |                     |                        |
| 2605 NORTH STATE ROAD 7<br>HOLLYWOOD FL 33021  |  |   |                    |              | 2805 NORTH STATE ROAD 7<br>HOLLYWOOD FL 33021 |           |  |  |                                       |                                |   |               |                        |                             |                     |                        |
|  |  |   |                    |              |   |           |  |  |                                       |                                | corporated                                  |               | 3a. [                  | Date of La<br><b>04/2</b> 4 |                     |                        |
| 5 1 1 1 1 1  | 15   |   | т                  | O- N         | lailing Addres                                |           |  |  |                                       | 4. FET No                      | /23/1986                                    |               | L                      | 04/24                       |                     | pplied For             |
| . Principal Plac   | ce of Busine   | SS  | <b>)</b> -         | 26 N         | iaiiiig Addies                                | ) J       |  |  |                                       |                                | 9-26730                                     | <b>4</b> 3    |                        | Ì                           |                     | ot Applicab            |
| Suite, Apt. #,   | , etc.   |   |                    | s            | uite, Apt. #, ¢                               | etc.      |  |  |                                       |                                | ate of Statu                                |               |                        |                             |                     | Additional             |
| 2  |  |   |                    | 27           | orty & State                                  |           |  |  |                                       | 6 Clastic                      | <br>Campaign                                | Financing     |                        |                             |                     | equired<br>May Be      |
| Oity & State   |  |   |                    | 28           | my & State                                    |           |  |  |                                       |                                | und Contrib                                 | _             |                        |                             |                     | to Fees                |
| Zip  |  | Country   |                    |              | ip  |           | Counti   | ry   |                                       |                                | rporation h                                 |               |                        |                             | lers 1              | 199.032                |
| 4  |  | 25  |                    | 29           |   |           | 30   |  |                                       | 10. Name                       | Statutes                                    | Y             | <b>y</b> -             |                             | , -                 |                        |
| · · · · · · · · · · · · · · · · · · ·  | g. Name  | and Address   | of Current H       | egiste       | rea Agent                                     |           | 8  | 1 Nam  | <br>e                                 | 10. Ivaille                    | and Addie                                   | 35 01 1464    | ricgister              | ou Agon                     |                     |                        |
| I FWIN   | STANLEY  |   |                    |              |   |           | 8  | 2 Street   | t Addres                              | ss (P.O. Box                   | Number is                                   | Nat Accept    | able)                  |                             |                     |                        |
|  |  | TE ROAD 7   |                    |              |   |           |  |  |                                       |                                |   |               |                        |                             |                     |                        |
| HOLLYV   | WOOD FL  | 33021   |                    |              |   |           | 8  | 3  |                                       |                                |   |               |                        |                             |                     |                        |
|  |  |   |                    |              |   |           | 8  | 4 0.   |                                       |                                |   |               |                        | 85                          | Zip                 | Code                   |
| I1. Pursuant to  | the provision  | ons of Sections   | 607,0502 and       | d 607.       | 1508, Florida                                 | Statutes  |  | ' '  | corpora                               | tion submits                   | this stateme                                | ent for the p | ourpose of             | f changing                  | j its re<br>tered : | gistered of            |
| CICNIATURE   | n, and accep   | ons of Sections<br>both, in the Sta<br>t the obligation | is or, section     | 607.00       | ioo, riolida o                                | iatules.  | s, the above<br>d by the cor   | named<br>rporation   |                                       | when tea statings              |   |               | . DÁ                   | 11.                         |                     |                        |
| tamiliar with  | n, and accep   | or printed name of re                                   | is or, section     | title if app | incenie<br>ORS                                | (NOT)     | s, the above<br>d by the con<br>E. Registered Age  | named rporation  |                                       | when tea statings              | this stateme<br>Thereby ac                  |               | . DÁ                   | 11<br>AND DIRE              | CTO                 | 3S JN 12               |
| tamiliar with  | n, and acception of the second | or printed name of re                                   | gistered agent and | title if app | iranie  | (NOT)     | s, the above d by the col  | e named rporation  |                                       | when teachings<br>ADDIT        | ONS/CHAN                                    | GES TO O      | FFICERS                | 11.                         | CTO                 |                        |
| tamiliar with  | n, and acception of the second | or printed name of re OFF                               | gistered agent and | title if app | incenie<br>ORS                                | (NOT)     | s, the above of by the contact Action 13.  1.1 Tifk 1.2 NAM  | e named rporation  | e regione F                           | ADDITI<br>VP<br>Sondr          | ons/chan                                    | GES TO O      | FFICERS                | 11<br>AND DIRE              | CTO                 | 3S JN 12               |
| tamilar with signature   | PD LEWIN 2805 1  | or printed name of re                                   | gistered agent and | title if app | incenie<br>ORS                                | (NOT)     | s, the above of by the cond by the cond by the cond as 1.1 Title 1.2 NAM 1.3 STRE  | e named rporation  | e regione F                           | ADDIT<br>VP<br>Sondr<br>2.05 N | ONS/CHAN                                    | GES TO O      | FFICERS                | AND DIRE                    | CTOF                | RS IN 12<br>Additio    |
| familiar with SIGNATURE E 12.  IIILE VAME STREET ADDRESS CITY-ST-ZIP   | PD LEWIN 2805 1  | or printed han a of re- OFF  STANLEY NORTH STAT         | gistered agent and | title if app | incenie<br>ORS                                | (NOTE     | s, the above of by the color of the state of | e named rporation  ent serat i  f  E  11 ADDRES  -S1-7-P  E  | e regione F                           | ADDIT<br>VP<br>Sondr<br>2.05 N | ons/chan                                    | GES TO O      | FFICERS                | 11<br>AND DIRE              | CTOF                | 3S JN 12               |
| familiar with SIGNATURE E  12.  ITLE INAME STREET ADDRESS CITY-ST-ZIP  | PD LEWIN 2805 1  | or printed han a of re- OFF  STANLEY NORTH STAT         | gistered agent and | title if app | Acetile ORS DELET                             | (NOTE     | s, the above of by the color of | e named rporation on segment segment for the segment segment for the segment s | e regare d                            | ADDIT<br>VP<br>Sondr<br>2.05 N | ons/chan                                    | GES TO O      | FFICERS                | AND DIRE                    | CTOF                | RS IN 12<br>Additio    |
| TAMHAT WITE SIGNATURE E  12.  ITLE ITAME STREET ADDRESS  ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITL  | PD LEWIN 2805 1  | or printed han a of re- OFF  STANLEY NORTH STAT         | gistered agent and | title if app | Acetile ORS DELET                             | (NOTE     | s, the above of by the color of the state of | e named rporation  entire service in the service in | e regare d                            | ADDIT<br>VP<br>Sondr<br>2.05 N | ons/chan                                    | GES TO O      | FFICERS                | AND DIRE                    | CTOF                | RS IN 12<br>Additio    |
| Iamiiar with SIGNATURE  2.  IIIILE IIIAME IIITY-ST-ZIP IIILE IIAME IITHEEL ADDRESS IITY-ST-ZIP IITHEEL ADDRESS IITY-ST-ZIP   | PD LEWIN 2805 1  | or printed han a of re- OFF  STANLEY NORTH STAT         | gistered agent and | title if app | Acetile ORS DELET                             | (NOTE     | s, the above of by the color of the state of | e named reporation  ont series  f  E  SI ADDRES  -SI-7P  E  BE  EET ADDRES  -SI-7P  -SI-7P  -SI-7P   | e regare d                            | ADDIT<br>VP<br>Sondr<br>2.05 N | ons/chan                                    | GES TO O      | FFICERS                | AND DIRE                    | CTOF<br>ange        | RS IN 12<br>Additio    |
| Iamiiar with SIGNATURE  2. IIIILE IIIILE IIILE   | PD LEWIN 2805 1  | or printed han a of re- OFF  STANLEY NORTH STAT         | gistered agent and | title if app | #:el-le ORS DELET                             | (NOTE     | s, the above of by the color of the state of | e named reporation  f  E  ST-ZP  E  EET ADDRES  -ST-ZP  E  ST-ZP  E  ST-ZP  E  ST-ZP  E  ST-ZP   | e regare d                            | ADDIT<br>VP<br>Sondr<br>2.05 N | ons/chan                                    | GES TO O      | FFICERS                | AND DIRE                    | CTOF<br>ange        | RS IN 12 Additio       |
| TAMHIAT WITE SIGNATURE  2.  THE HAME STREET ADDRESS CITY-ST-ZIP HAME STREET ADDRESS CITY-ST-ZIP HTLE HAME HAME HAME HAME HAME HAME HAME HAM  | PD LEWIN 2805 1  | or printed han a of re- OFF  STANLEY NORTH STAT         | gistered agent and | title if app | #:el-le ORS DELET                             | (NOTE     | s, the above of by the color of | e named reporation  f  E  ST-ZP  E  EET ADDRES  -ST-ZP  E  ST-ZP  E  ST-ZP  E  ST-ZP  E  ST-ZP   | S S                                   | ADDIT<br>VP<br>Sondr<br>2.05 N | ons/chan                                    | GES TO O      | FFICERS                | AND DIRE                    | CTOF<br>ange        | RS IN 12 Additio       |
| Iamiliar with SIGNATURE  2.  IIIILE IAME IAME IAME IAME IAME IAME IAME IAM   | PD LEWIN 2805 1  | or printed han a of re- OFF  STANLEY NORTH STAT         | gistered agent and | title if app | DELE  | (NOTE     | s, the above of by the color of | e named reporation  f  E  E1 ADDRES  -ST-7P  E  EET ADDRES  -ST-2P  E  EET ADDRES  -ST-2P  E  EET ADDRES   | S S                                   | ADDIT<br>VP<br>Sondr<br>2.05 N | ons/chan                                    | GES TO O      | FFICERS                | AND DIRE                    | ange ange           | Additio                |
| TAMHER WITE SIGNATURE  2.  THE HAME STREET ADDRESS CITY-ST-ZIP HILE HAME STREET ADDRESS CITY-ST-ZIP HILE HAME STREET ADDRESS CITY-ST-ZIP HILE HAME STREET ADDRESS CITY-ST-ZIP  | PD LEWIN 2805 1  | or printed han a of re- OFF  STANLEY NORTH STAT         | gistered agent and | title if app | #:el-le ORS DELET                             | (NOTE     | s, the above of by the color of | e named reporation  f   E   E   E   E   E   E   E   E   E  | S S                                   | ADDIT<br>VP<br>Sondr<br>2.05 N | ons/chan                                    | GES TO O      | FFICERS                | AND DIRE                    | ange ange           | RS IN 12 Additio       |
| Tamiliar with tamiliar with tamiliar with tame tamiliar t | PD LEWIN 2805 1  | or printed han a of re- OFF  STANLEY NORTH STAT         | gistered agent and | title if app | DELE  | (NOTE     | s, the above of by the color of | e named reporation  file  file | S S S S S S S S S S S S S S S S S S S | ADDIT<br>VP<br>Sondr<br>2.05 N | ons/chan                                    | GES TO O      | FFICERS                | AND DIRE                    | ange ange           | Additio                |
| Tamiliar with familiar with signature = 5.  2.  1.  1.  1.  1.  1.  1.  1.  1.  1  | PD LEWIN 2805 1  | or printed han a of re- OFF  STANLEY NORTH STAT         | gistered agent and | title if app | DELE  | (NOTE     | s, the above of by the color of | e named reporation  file  EFT ADDRES  -ST-7-P  LE  ME  LEET ADDRES  LEET ADDRES  LEET ADDRES  LEET ADDRES  LEET ADDRES  LEET ADDRES  | S S S S S S S S S S S S S S S S S S S | ADDIT<br>VP<br>Sondr<br>2.05 N | ons/chan                                    | GES TO O      | FFICERS                | AND DIRE                    | ange ange           | Additio                |
| I ADDRESS  STATE ADDR | PD LEWIN 2805 1  | or printed han a of re- OFF  STANLEY NORTH STAT         | gistered agent and | title if app | DELE  | (NOTE) TE | s, the above of by the color of | e named reporation  file  file | S S S S S S S S S S S S S S S S S S S | ADDIT<br>VP<br>Sondr<br>2.05 N | ons/chan                                    | GES TO O      | FFICERS                | AND DIRE                    | ange ange           | Additio                |
| Tamiliar with tamiliar with tamiliar with tame tames and tamiliar  | PD LEWIN 2805 1  | or printed han a of re- OFF  STANLEY NORTH STAT         | gistered agent and | title if app | DELET   | (NOTE) TE | s, the above of by the color of | e named reporation  file  file | S S S S S S S S S S S S S S S S S S S | ADDIT<br>VP<br>Sondr<br>2.05 N | ons/chan                                    | GES TO O      | FFICERS                | AND DIRE                    | ange ange           | Additio                |
| TAMHIAT WITE SIGNATURE  2.  THE HAME STREET ADDRESS   | PD LEWIN 2805 1  | or printed han a of re- OFF  STANLEY NORTH STAT         | gistered agent and | title if app | DELET   | (NOTE) TE | 3, the above of by the color of | e named proration  f le  st Addres   | s s s s s s s                         | ADDIT<br>VP<br>Sondr<br>2.05 N | ons/chan                                    | GES TO O      | FFICERS                | AND DIRE                    | ange ange           | Additio                |
| TAMHIAT WITE SIGNATURE  12.  TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS   | PD LEWIN 2805 1  | or printed han a of re- OFF  STANLEY NORTH STAT         | gistered agent and | title if app | DELET  DELET  DELET  DELET  DELET             | PAGTE TE  | 3, the above of by the color of | e named reporation  f le  EFI ADDRES  -ST-7-P  LE  REET ADDRES  -ST-7-P  LE  -ST-7-P  -ST-7-P  -ST-7-P   | s s s s s s s                         | ADDIT<br>VP<br>Sondr<br>2.05 N | ons/chan                                    | GES TO O      | FFICERS                | AND DIRE                    | ange ange           | Additio                |
| TAMHIAT WITE SIGNATURE  12.  THE HAME STREET ADDRESS CHY-ST-ZIP HILE HAME STREET ADDRESS CHY-ST-ZIP HILE NAME STREET ADDRESS CHY-ST-ZIP HILE STREET ADDRESS CHY-ST-ZIP   | PD LEWIN 2805 1  | or printed han a of re- OFF  STANLEY NORTH STAT         | gistered agent and | title if app | DELET   | PAGTE TE  | 3, the above of by the color of | e named proration  f le  f le  f ADDRES  -ST-7-P  LE  ME  EET ADDRES  -ST-7-P  LE  ME  LE  LE  LE  LE  LE  LE  LE  LE   | s s s s s s s                         | ADDIT<br>VP<br>Sondr<br>2.05 N | ons/chan                                    | GES TO O      | FFICERS                | AND DIRE                    | ange ange           | Additio                |
| TAMHIAT WITE SIGNATURE  12.  THE VAME STREET ADDRESS CHY-ST-ZIP THLE NAME  | PD LEWIN 2805 1  | or printed han a of re- OFF  STANLEY NORTH STAT         | gistered agent and | title if app | DELET  DELET  DELET  DELET  DELET             | PAGTE TE  | 3, the above of by the color of | e named proration  f   E   F   ADDRES    SET | S S S S S S S S S S S S S S S S S S S | ADDIT<br>VP<br>Sondr<br>2.05 N | ons/chan                                    | GES TO O      | FFICERS                | AND DIRE                    | ange ange           | Additio                |
| tamilar witt   | PD LEWIN 2805 1  | or printed han a of re- OFF  STANLEY NORTH STAT         | gistered agent and | title if app | DELET  DELET  DELET  DELET  DELET             | PAGTE TE  | 3, the above of by the color of | e named proration  f le  f le  f ADDRES  -ST-7-P  LE  ME  EET ADDRES  -ST-7-P  LE  ME  LE  LE  LE  LE  LE  LE  LE  LE   | S S S S S S S S S S S S S S S S S S S | ADDIT<br>VP<br>Sondr<br>2.05 N | ons/chan                                    | GES TO O      | FFICERS                | AND DIRE                    | ange ange           | Additio                |

SIGNATURE; Lorda

INATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-98305Db