FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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Principal Place of B P O BOX 243 P.O. BOX 243 BOCA RATON FL US 2. Principal Place of B1 Suite, Apt. #, etc 22 City & State 23 Zip 24	Country 25 Name and Address of Currer	Mailing Address P.O. BOX 243. N/A BOCA RATON FL 3342 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 nt Registered Agent	90243 Cour	try	3. Date Incorporated or Qualified 03/16/1987 4. FEI Number 59-1355425 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	3a. Date of La: 04/24/ \$8.7	st Report 1995 Applied For Not Applicable 5 Additional Required	
P.O. BOX 243 BOCA RATON FL US 2. Principal Place of Suite, Apt. #, etc 2 City & State 3 Zip 4	Country 25 Name and Address of Currer	BOCA RATON FL 3342 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Cour	try	03/16/1987 4. FEI Number 59-1355425 5. Certificate of Status Desired 6. Election Campaign Financing	04/24/	Applied For Not Applicable 5 Additional Required	
2. Principal Place of Suite, Apt. #, etc. 2 City & State 3 Zip	Country 25 Name and Address of Currer	26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	—	to	03/16/1987 4. FEI Number 59-1355425 5. Certificate of Status Desired 6. Election Campaign Financing	04/24/	Applied For Not Applicable 5 Additional Required	
Suite, Apt. #, etc 22 City & State 3 Zip	Country 25 Name and Address of Currer	26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	—	to	59-1355425 5. Certificate of Status Desired 6. Election Campaign Financing	□ Fee	Not Applicable 5 Additional Required	
City & State Zip 4	Country 25 Name and Address of Currer	Suite, Apt. #, etc. 27 City & State 28 Zip 29	—	to	Certificate of Status Desired Election Campaign Financing	□ Fee	5 Additional Required	
City & State 3 Zip 4	Name and Address of Currer	City & State 28 Zip 29	—	try		\$5	 	
Zip 4	Name and Address of Currer	Zip 29	—	tn/	Trust Fund Contribution		00 May Be	
	Name and Address of Currer		30	v y	8. This corporation has liability for	Add	led to Fees s. 199.032,	
9.	INIS R.	nt Hegistered Agent	- 		Florida Statutes			
				31 Name	10. Name and Address of New F	Registered Agent		
FRISCH, DEN			Ľ	Name				
98 SOUTHW	EST NINTA TENNAUE		[Street Ad	idress (P.O. Box Number is Not Acceptab	ole)		
BOCA RATON FL 33432			ħ	33				
				34 City		- 85 Z	Zip Code	
44 5				1 '		FI. 1	•	
or registered at	provisions of Sections 617,0502 gent, or both, in the State of Flori	2 and 617.1508, Florida Statut ida. Such change was authoriz	es, the abov ed by the co	e-named corp progration's bo	oration submits this statement for the pur pard of directors. I hereby accept the app	rpose of changing its ointment as registere	registered office	
iariiliai witri, ar	d accept the obligations of, Sect	tion 617.0503, Florida Statutes	i	•	,,		o ogomi rami	
SIGNATURE	re, typed or printed name of registered agent	t and title if applicable. (NC	TE: Registered A	gent signature regu	fred when reinstating)	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF		ORS IN 12	
TITLE PI	AIRMAN, WILLIAM	DELETE	1.1 T ≹TI	E		Change	Addition	
	000 SW 18TH ST		1.2 NA					
OTTICE THE OTTE OF	OCA RATON FL			EET ADDRESS				
TITLE D		DELETE	1.4 CIT 2.1 TITL	r-ST-ZIP	2 \ \	Change	Addition	
	RIEND, HAROLD		2.2 NAM	₹ '		₽ _1 Onlange		
	600 N W 10TH AVE #105			EET ADDRESS				
SITT DI ZII	OCA RATON FL		2. 4 CiT	Y-ST-ZIP				
UTLE T	•	DELETE	3.1 TITL	E		Change	Addition Addition	
1 1	MES, RANDOLPH H. 101 NW 4TH AVE		3.2 NAM	· I				
Di	DCA RATON FL			EET ADDRESS				
CITY-ST-ZIP SI		DELETE	3.4. CIT 4.1 TITL	Y-ST-ZIP		no.	T APARCE	
	CKELSON, ROBERT	Поссет	4.1 IIIL 4.2 NA			Change	Addition	
	64 SKYLINE DR			ET ADDRESS				
DITY-ST-ZIP DE	ELRAY BEACH FL		ľ	-ST-ZIP				
TITLE VI		DELETE	5.1 TITL			Change	Addition	
	ASSMORE, JAIMIE		5.2 NAN	E				
D/	53 NE 3RD AVE DCA RATON FL		53 STR	ET ADDRESS				
CITY-ST-ZIP DI	JOA RATUN EL	DELETE		-\$T-ZIP		——————————————————————————————————————		
NAME		LIVELETE	6.1 TITL		De la company de	☐ Change	Addition	
STREET ADDRESS	_		6.2 NAN	ET ADDRESS	COLLIAN ELA	IJ GEC T		
CITY-ST-ZIP				-ST-ZIP	BOCA RATON,	£ 334	32	
14. I do hereby cert	ify that the information supplied v	with this filing is voluntarily furn	ished and d	vas not qualify	for the exemption stated in Section 119. rate and that my signature shall have the	07/2)/W Florida State	doe I further	

SIGNATURE:

QUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96(407) 338-0028