FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

Suite, Apt. #, etc. Sc. Cartificate of Status Desired \$8.75 Additions Representations St. Additions	1. Corporation		(-)					
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Sure, Apt. #, etc. 2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporated or Qualified 3a. Date of Last Report 03/30/1992 3. Date Incorporated or Qualified 33/20/1995 3. Date Incorporated or Qualified 36/20/1995 3. Date Incorporated Of Qualified 36/20/20/1995 3.	Principal Plac	e of Business	Mailing Address					
2. Principal Place of Business	WEST PALM	· · · · ·	WEST PALM BEACH FL	33417				
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Zip Country Zip Country Zip Country Zip Country Zip Country B. This corporation has liability for intengible tax under s. 199.032, Plotids Statutes	_	9				6. Election Campaign Financing	\$5.0	 :
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name BERNSTEIN, ALAN 5033 OKEECHOBEE BOULEVARD WEST PALM BEACH FL 33417 82 Street Address (F.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Fiorial Statutes, the above named corporation submits this statement for the purpose of changing its registered or or registered agent, or both, in the State of Florids. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered egent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, Need to printed rame of registered agent and the recoration. In the State of Florids. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered egent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, Need to printed rame of registered agent of the recoration. In the state in the purpose of changing its registered of or registered agent, or both, in the State of Florids. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered egent. I am familiar with a proposition of the appointment as registered egent. I am familiar with a proposition of the purpose of change is a proposed agent and a registered egent. I am familiar with a proposition of the purpose of change is a proposed agent and a registered egent. I am familiar with a proposition of the purpose of change is a proposition of the purpose of change is a proposed agent and a registered egent. I am familiar with a purpose of change is a proposed agent and a registered egent. I am familiar with a purpose of change is a proposed agent and a registered of purpose of change is a proposed agent and a registered of purpose of change is a pr		Country		Country			Adde	
9. Name and Address of Current Registered Agent BERNSTEIN, ALAN 5033 OKEECHOBEE BOULEVARD WEST PALM BEACH FL 33417 B3 City B4 City B5 Street Address (P.O. Box Number is Not Acceptable) B5 Street Address (P.O. Box Number is Not Acceptable) B6 City FL B6 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered or pregistered 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature. Signature, bysed to private name of registered agent, and the interpretation of the provisions of Section 617.0503, Florida Statutes. SIGNATURE Signature. Signature, bysed to private name of registered agent and two reports and the interpretation of the corporation's board of directors. I hereby accept the appointment as registered agent. I and statutes. SIGNATURE Signature. DP City Street Address AND DIRECTORS 13. ALIDITIONS*CHANGES TO OFFICE IS AND DIRECTORS IN 12 Interpretation of the corporation's board of directors. I hereby accept the appointment as registered agent. I and statutes. SIREST ADDRESS PLYMOUTH D 31 13. ALIDITIONS*CHANGES TO OFFICE IS AND DIRECTORS IN 12 Interpretation. Change Additional Action of the corporation is board of directors. I hereby accept the appointment as registered agent. I and statutes. SIREST ADDRESS PLYMOUTH A 13 33. SIREST ADDRESS PLYMOUTH A 13 33. SIREST ADDRESS PLYMOUTH A 14 34. City Street ADDRESS PLYMOUTH A 19 34. City Street ADDRESS PLYMOUTH A 19 35. SIREST ADDRESS PLYMOUTH A 19 36. City Street ADDRESS PLYMOUTH A 19 37. Cit	_							
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I an 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 an armillar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 12.								
TI. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered or period of the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE Signature, byed or private remot of registered agent and site if applicable (NOTE: Registered Agent lignature registered when revoluting). DP	WES! P	ALM BEACH FL 33417		03				
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 an accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tic if applicable NOTE Registered Agent agrature registered agent. I an accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATU				84	City		E1 85 Zi	p Code
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Sprahme_byed or printed name of registered agent signature registered Agent signature registered when re-instancy				d by the corpo	oration's boa	rd of directors. I hereby accept the appoin	itment as registered	agent. I am
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US VITE FADALICS								
6.4 CITY-ST-ZIP 14. I do 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 the true and accurate and that my signature shall have the same legal effect as if made under the true and accurate and that my signature shall have the same legal effect as if made under the true and accurate and that my signature shall have the same legal effect as if made under the true and accurate and that my signature shall have the same legal effect as if made under the true and accurate and that my signature shall have the same legal effect as if made under the true and accurate and that my signature shall have the same legal effect as if made under the true and accurate and that my signature shall have the same legal effect as if made under the true and accurate and that my signature shall have the same legal effect as if made under the true and accurate and that my signature shall have the same legal effect as if made under the true and accurate and that my signature shall have the same legal effect as if made under the true and accurate and that my signature shall have the same legal effect as if made under the true and accurate and that my signature shall have the same legal effect as if made under the true and true and the true and	14. I do hereb	y certify that the information supplied	with this filing is voluntarily furnish	and door	not o rolify to	or the exemption stated in Section 119.07	31/k/ Florida Statut	ac I further

SIGNATURE: MAND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTION RY RANGE 3/21/96-189-7189