FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Zop	1. Corporation	MENT # N9500 GRANDE PROPERTY OWN	•	•				
BOYNTON BEACH FL 33437 2. Principal Place of Everese	Principal Place	of Business	Mailing Address				<u> </u>	ONE FILE
8. PRICIPATE FOR STATE								
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Suite, April #, etc.: Suite, April #, etc.: 27	2. Principal Pla	, · — — — — — — — ·				4. FEI Number	- /-	
City & State Country S5.00 May Be Addition S6.00 May Be Ad	_	+, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S Desired \$8.75 Additional		
PROLUANSKY, ALBERT N 1500 EL CLAIR RANCH RD 17 16 18 18 18 18 18 18 18	City & State		City & State	City & State			\$5.00 May Be	
9, Name and Address of Current Registered Agent PROUJANSKY, ALBERT N 11500 EL CLAR RANCH RD BOYNTON BEACH FL 33437 84 City FL 85 Sheet Alkhess (P.O. Blox Number is Not Acceptable) 83 84 City FL 85 Sheet Alkhess (P.O. Blox Number is Not Acceptable) 87 88 89 80 81 80 81 81 83 84 City FL 85 86 86 87 87 88 88 88 88 88 88		Country Zip		 -	ntry	8. This corporation has liability for intangible tax under s. 199.032,		
PROLUJANSKY, ALBERT N 11500 EL CLAIR RANCH RD BOYNTON BEACH FL 33437 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Fixedia Stalutes. The above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 617,0502. Forcida Stalutius. SIGNATURE Symptom is post or retainment of provisions of Section 617,0503. Forcida Stalutius. SIGNATURE Symptom is post or retainment of provisions of Section 617,0503. Forcida Stalutius. SIGNATURE Symptom is post or retainment of provisions of Section 617,0503. Forcida Stalutius. SIGNATURE Symptom is post or retainment of provisions of Section 617,0503. Forcida Stalutius. SIGNATURE Symptom is post or retainment of provisions of Section 617,0503. Forcida Stalutius. SIGNATURE Symptom is post or retainment of provisions of Section 617,0503. Forcida Stalutius. SIGNATURE Symptom is post or retainment of provisions of Section 617,0503. Forcida Stalutius. SIGNATURE Symptom is post or retainment of provisions of Section 617,0503. Forcida Stalutius. SIGNATURE Symptom is post or retainment of provisions of Section 617,0503. Forcida Stalutius. SIGNATURE Symptom is post or retainment of Provisions against agent 1 of the appointment as registered office or registered office of Sections 1 of	:4							
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BOYNTON BEACH FL 33437 84				82 Street Addr		ress (P.O. Box Number is Not Acceptable	2)	
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		w certify that the information supplied	with this filing is voluntarily fun			for the exemption stated in Section 1197	7(3)(k). Florida Statute	es. I further

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: