FILE	NOW: FILING FEE	AFTER MAY 1 IS	\$225.00		
F	PROFIT	FLORIDA DEPART			
	PORATION	Sandra B.			
	JAL REPORT	Secretary			
	1996	DIVISION OF CC	DRPORATIONS		
DOCUN 1. Corporation	MENT # P9300	0047687 (7)			
ROBE	RT W. ZUCKER, C.P.A., P.A	١.		F-48-012-04-14-4-04-01-14-1-4-01-14-1-0-14-1	
Principal Place	of Business	Mailing Address		T FORTER OF SIDE COLUMN TESTS AND THE	
4750 N W 22ND CT 4750 N W 22ND ST 310 310					
LAUDERHILL FL 33313 LAUDERHILL FL 33313					
US US			3. Date Incorporated or Qualified 07/01/1993	3a. Date of Last Report 05/01/1995	
2. Principal Pla 21 2063 (	ace of Business Via Madeica Dr	2a. Mailing Address 26] }○&⊰≤ Via M	lade isa D	4. FE! Number 65-0420449	Applied For Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	RATON FL.	28 Bo ( Lat or	1-1	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<sup>Zip</sup> 24 33433	Country	Zip	Country	8. This corporation has liability for a	ntangible tax under s 199.032,
24] 35155	9. Name and Address of Current		10	Florida Statutes X Yes  10. Name and Address of New R	□ No egistered Agent
81 Name 2 whom a short is					
	ER, ROBERT W I W 22 CT 30835	Via Madeisa P.		Address (P.O. Box Number is Not Acceptab	le)
1 910			83	osas Via Maderia 1	<u> </u>
LAUDE	RHILL FL 33313 December 1	hoton, b. 33433	84 City /	5 7	Ins.   Zin Code
				Soca hatch	FL 85 Zip Code 33 1/3 2
11. Pursuant to the provisions of Sections 607.0502 and £07.1508, 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	-1	R.			
			Rogistered Agent signature re		DATE
12.	OFFICERS AND	DELETE	13 1. 1 TIFLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12    Z   Change
NAME	ZUCKER, ROBERT W	_	1.2 NAME		7
STREET ADDRESS	4750 N W 22ND CT #310		1.3 STREET ADDRESS	20836 Vic Maderia Dr	
CITY-ST-ZIP TITLE	LAUDERHILL FL ST	DELETE	1.4 CITY - ST - ZIP	Bock Roton, 12 33433 Poss S VIA Maderia D Proch Raton, 12-33433	2
NAME	ŽUCKER, R	[] DETEIL	2 1 TITLE 2 2 NAME		∑ Change ☐ Addition ○
STREET ADDRESS	4750 N W 22ND CT #310		2 3 STREET ADDRESS	70835 Via Muderia D	^
CITY-ST-ZIP	LAUDERHILL FL		2 4 CITY-ST-ZIP	Bock Raton 12. 33433	
TITLE		DELETE	3. 1 TITLE		Change Addition
NAME			3.2 NAME		**************************************
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE		Change Addition
NAME		<b>b</b> and	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 THILE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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 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, cr on an attachment with an address.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

Dayting Phone #