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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

| Corporation | 1ENT # | # P9500 | 0009 | 6028 (| (2) | | | | | | | | |
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| 1350 SOUTH OCEAN BOULEVARD, INC. | | | | | | | | | | | | | |
| Principal Place of Business 1215 E BROWARD BLVD | | | 1: | Mailing Address 1215 E BROWARD BLYD FT LAUDERDALE FL 33301 | | | | | III 16161 GAIN EFIN DÌ | II 61 III 90 7 | II. IDILU DIII BI |) |)1 1011 1001 |
| ft Lauderdai | LE FL 33301 | | r | I LAUVENVALE I | ·L 333UI | | | 3. Date Incor | oorated or Qualifie | d 3a. | Date of Las | t Repo | ort |
| Principal Plan | ce of Busines | S | 2a. | Mailing Address | | | | 4. FEI Numbe | pr | J | | [Ap | plied For |
| <u> </u> | | | | 26 | | | | 65-0644687 Not Applicable | | | | | |
| Suite, Apt. #, etc. | | | 1 | Suite, Apt. #, etc. | | | | 5. Certificate | of Status Desired | | | | dditional guired |
| City & State | | | 27 | City & State | | | | 6. Election Ca | ampaign Financing | | \$5 | .00 | May Be |
| 5 , | | | 28 | | | | | 1 | Contribution | LI | | | o Fees |
| Zıp | | Country 25 | | Ζφ | Co 30] | untry | | 8. This corporation has liability for intangible tax under s 199.0 Florida Statutes Yes No 10. Name and Address of New Registered Agent | | | 99.032, | | |
| | 9. Name a | nd Address of Cur | rrent Regis | tered Agent | | 81 | Name | 10. Name and | Address of Nev | v Registe | ered Agent | | |
| CDAWEO | rd, rober | r w | | | | | | iress (P.O. Box Nu | wher is Not Accor | Extual | | | |
| | ROWARD E | | | | | 82 | Street Ador | ress (M.O. Box Nu | INDELIS INDUACCEL | tane) | | | |
| | ERDALE FL | | | | | 83 | | | | | | | |
| | | | | | | 84 | Crty | | | | FL 85 | Zip (| Code |
| i. Pursuant to | ed agent, or b | ns of Sections 607.0 oth, in the State of F | 502 and 60 Torida, Such | 7.1508, Florida S | tatutes, the ab | ove na | inied corpor | ration submits this | statement for the accept the a | purpose ppointme | of changing ent as registi | its reg ered a | jistered offic gent. I am |
| familiar with | п, впо ассер | the obligations of, S | Section 607. | .0505, Florida Sta | tnonzea by the | corpor | ration's boa | s. d 6/ 6/160/0/3. 11/ | , , | | | | |
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SIGNATURE: __ PRINCE ANT DEND OFFICER OR DIRECTOR 2-12-96

Daytme Phone #