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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S00104** (7)
1. Corporate Number
436, INC.

DO NOT WRITE IN THIS SPACE

Principal Office of Business: **2295 CORPORATE BLVD. N.W. SUITE 222 BOCA RATON FL 33431**
Mailing Address: **2295 CORPORATE BLVD. N.W. SUITE 222 BOCA RATON FL 33431**

2. Principal Office of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/17/1990	3a. Date of Last Report 05/01/1994
21. State App # etc	26. State App # etc	4. FEI Number 65-0214469		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Location	29. Location	30. Location		8. This corporation has liability for intangible tax under § 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HERRICK, NORTON 2295 CORPORATE BLVD NW #222 BOCA RATON 33431				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607 and 608, 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 Sections 607 and 608, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	PD	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRICK, NORTON	2. NAME	PIALS
STREET ADDRESS	2295 CORPORATE BLVD NW	3. STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	4. CITY, ST, ZIP	
TITLE	V	5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRICK, HOWARD	6. NAME	V/D/R
STREET ADDRESS	2295 CORPORATE BLVD NW	7. STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	8. CITY, ST, ZIP	
TITLE	S	9. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRICK, MICHAEL	10. NAME	V/D/R
STREET ADDRESS	2295 CORPORATE BLVD NW	11. STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	12. CITY, ST, ZIP	
TITLE	T	13. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRICK, EVAN	14. NAME	V/D/T
STREET ADDRESS	2295 CORPORATE BLVD NW	15. STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	

14. I hereby certify that the information furnished herein is voluntarily furnished and deemed and qualified for this corporation stated in Section 119.031(1)(b) Florida Statutes. I further certify that the information furnished herein 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 and in the event of trustee expressed to care on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report and my office (if any) with an address.

SIGNATURE:  **Howard Herrick VP** 4/28/95 4072419580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR