## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Jest



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #
1. Corporation Name

M58183

(8)

LAURIE S. HOLTZ, C.P.A., P.A.

Principal Place 100 S. BISC	4P.O: BOX 350130-	00 NS. BISC. BLVD. #1201 0: BOX 350130							
MIAM) FL 33131 US		MIAMI FL 33131 US			3. Date Incorporated or Qualified 08/27/1987	3a. Date of Last Report 01/31/1995			
2. Principal Place of Business		2a. Mailing Address 26 P.O. BOX 114007		07	4. FEI Number <b>65-0016934</b>	Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt #, etc.	27		5. Certificate of Status Desired	Ω	\$8.75 Additional Fee Required		
City & State 23		Crty & State  28 M ( 1/3 M )			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip <b>24</b>	Country 25	<sup>Zip</sup> 29 33///-4007	Coun <b>30</b>	try	This corporation has liability for II     Florida Statutes	Mo		199.032,	
	9. Name and Address of Curre	it Registered Agent			10. Name and Address of New R	egistered /	gent		$\Box$
HORNIK, PETER F. 100 S. BISC. BLVD. SUITE 1201 MIAMI FL 33131			- 1 - 1 - 1	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			o Code		
or registere familiar with SIGNATURE _	d agent, or both, in the State of Flori	da. Such change was authorized on 607,0505, Florida Statutes.	d by the co	e named corpor proporation's bloa		intment as	registered	agent. Fam	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI				_ ଛ
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14. I do hereby	certify that the information supplied	with this filing is voluntarily furnis	64 CITY shed and do		or the exemption stated in Section 119.0	7(3)(k). Flor	da Statut	es. I further	$\dashv$
certify that t oath; that I	the information indicated on this annu	ial report or supplemental annua ration or the receiver or trustee	al report is empowere	true and accura	ite and that my signature shall have the s s report as required by Chapter 607, Flo	same legal e	ffect as if	made under	

Daytime Prione #

Date

YPET OR PRINTED NAME AF SIGNING OFFICER OR DIRECTOR