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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1	996	DIVISION OF COR	RPORATIONS		
DOCUM	NENT #193000	00 42 506			
Corporation I	Name				
163	o west of	One, Inc.			
,,,,					
	/D	Mailing Address			
Principal Place of		1700 S. Sunf Holly wood, Fl	Roal		
	N 25 K are	1,00 -, 0			
Haller	oad, FL 83022	Holly wood, In	-36017	3. Date Incorporated or Qualified 3	a. Date of Last Report
14011/00	000, ,, 0 00 00				
2. Principal Pla	ce o' Business	2a. Mailing Address		4. FEI Number	Applied For
21		26			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, e'c.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
23 Zip	Country	Zip	Country	8. This corporation has liability for inta	ngible tax under s. 199.032,
24	25	29 3	0	Florida Statutes	
	9. Name and Address of Curr	rent Registered Agent	81 Name	IV. Name and Address of New York	attivu rigerii
G	eorge Schwi	IND	11	ess (P.O. Box Number is Not Acceptable)	
, -	700 S. SURP RO	·d	82 Street Addr	ess (P.O. Box Number is Not Acceptance)	
	/ / / 27	0/4	83		
, 14	ollywood, PL 33		84 City		85 Zip Code
				to the state of the the sure	FL on of changing its registered office.
المقملية الساسا	ad agant or both in the Stele Of E	ioriga. Such change was builionzed i	the above-named corpor by the corporation's boa	ration submits this statement for the purpord of directors. I hereby accept the appoin	tment as registered agent. I am
familiar wit	th, and accept the obligations of, S	ection bur,0505, Florida Statutes.	(1)	u.	/21/96
SIGNATURE	Signa ure, types or printed name of registered a	ocht and tite if applicable (NOTE: I	Registered Agent signature require	kl when reinstating)	DATE
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
TITLE	P/D	☐ DELETE	1. 1 TITLE		Cuange C Radition
NAME	George Schwin	D	1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CHY-ST-ZIP	Hollywood, FL	DELETE	2.1 TITLE		Change Addition
TITLE NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS \\ 3.4 City - St - Zip		
CHY-ST-ZIP		☐ DELETE	4. 1 TITLE		Change Addition
TITLE			4.2 NAME	20000179	18682
NAME STREET ADDRESS			4.3 STREET ADDRESS	2000 017 9 -04/29/960104	45051
CITY-S1-ZIP			4.4 CITY-ST-ZIP	***200.00	
TIFLE		DELETE	5, 1 TITLE		☐ Change ☐ Addilion
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		[] DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TILLE		Doctri	6.2 NAME		CHER
NAME ANNEX ADDRESS			6.3 STREET ADDRESS		1/ - 2: (2)
STREET ADDRESS	İ		6.4 CITY-ST-ZIP		7-28-76

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), Fiorida 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

407-655-8994