PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

	1996

DOCU!	MENT # K724	148 (9)			
1995	, INC.			1 (8 6 4) (4 6 4) (8 8 4 6 8 1) 8 (8 4 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	Bi diki dibil dibil bibi dibil bibi bibi bibi
Principal Piace	of Business	Mailing Address		**	ni nori grafit diast dibst bioli dibit didit (1901
8464 NW 2ND STREET P.O. BOX-8332					
CORAL SE	PRINGS FL 33071	CORAL SPRINGS FL			
			Fer annuals)	Date Incorporated or Qualified	3a. Date of Last Report
0 Disease D				03/14/1989	05/01/1995
2. Principal Place of Business		28. Mailing Address COI	LEMAN C. SWEET	4. FEI Number 65-0408130	Applied For Not Applicable
21 10 0 h 2 n q 2. Suite, Apt. #, etc.		Suite, Apt. #. etc.	Attorney at Law		\$8.75 Additional
22			113 Plantation Rd.	5. Certificate of Status Desired	Fee Required
City & State	9		intation, FL 33317	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Cambri	Trust Fund Contribution	Added to Fees
24	25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	
	9. Name and Address of Curre		.1301	10. Name and Address of New Re	
			81 Name		
	T, COLEMAN C.		82 Street Addre	ss (P.O. Box Number is Not Acceptable)
	ANDREWS AVE				
FI. U	AUDERDALE FL 33301		83		
			84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508. Florida Statute	s. the above-named corpora	ition submits this statement for the purp	FL Ose of changing its registered office
or register	ed agent, or both, in the State of Flo th, and accept the obligations of, Sec	nda. Such change was authorize	ed by the comoration's board	d of directors. Thereby accept the appoin	ntment as registered agent. I am
SIGNATURE _	COLEMAN (1 ola	(V/10	1 4/20/91
	Signature, typed or proded have of registerial age	raelterayykatk (NO	L. Sugarters Apper Signature Populari	when reinstating)	CONTRACTOR OF THE PARTY OF THE
III.E	OFFICERS AF	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
NAME	BLAND, JOSEPH G.	- Dereit	1.1 TITLE		Cnange Addition
STREET ADDRESS	8464 NW 2ND STREET		1.2 NAME 1.3 STREET ADDRESS		
CITY ST-ZIP	CORAL SPRINGS FL		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2 1 TIFLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STHEET ADDRESS		
CITY-ST-ZIP			2.4 CITY - ST - ZIP		
TITLE		☐ DELET€	3 1 DELE		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-7-P			3.4 CITY - ST - ZIP		•
TITLE	<u></u>	DELETE	4 1 IIILE		Change Addition
NAME			4 2 NAME		- Namar
STREET ADDRESS			4.3 STREET ADDRESS		•
CITY-ST-ZIP			4.4 CITY - ST - ZIP	THE CONTRACTOR OF THE CONTRACT	
THE		☐ DELETE	5 ! TITLE		Change Addition
NAME PERCEL ADDRESS			5.2 NAME		
STREET ADDRESS CITY-ST-Z:P			5.3 STREET ADDRESS		
TITLE		□ DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREFT ADDRESS		
CITY-ST-7:P			6 4 C:TY - ST - ZIP		
14. I do hereb certify that	y certify that the information supplied the information indicated on this see	with this filing is voluntarily furni	shed and does not qualify for	r the exemption stated in Section 119.0° e and that my signature shall have the sa	7(3)(k), Florida Statutes. I further
oath; that	Lam an officer or director of the corp Block 12 or Block 131f changed or	oration or the receiver	e empow <u>er</u> ed to execute this:	report as required by Chapter 607, Flor	ida Statutes, and that my name

SIGNATURE:

(954)753-7698

CR2E034 (12/95)