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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

FORT I  Principal Place  12 E. SUNRIS	LAUDERDALE LINCOLN ME e of Business	ν/				
				3. Date Incorporated or Qualified	3a. Date of Last Repo	ort
2 Principal Di	ace of Business	2a. Mailing Address		06/11/1947	02/06/1995	
21		26 Printing Ackress		4. FE! Number 59-0573006		olied For Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	
Zip	Country	7 <sub>10</sub>	Country	8. This corporation has liability for	Added to	
24	25	29	30		s No	5.002,
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New	Registered Agent	
FT LAUD	2ND AVENUE DERDALE FL 33304		83   84   Ĝity	odress (P.O. Box Number is Not Accepte 911 NE 2nd Avenue Ft. Lauderdale	FI 85 Zp C	ode <b>304</b>
SIGNATURE _	Signature, typed or printed name of registered agent	Lend they it application in	OTE: Registered Agent signature req		2/24/94 DA'L	
12.	PD OFFICERS AN	io di <del>recto</del> ris <b>XX</b> delete	13. 1.1 TITLE	ADDITIONS/CHANGES TO OF	· · · · · · · · · · · · · · · · · · ·	
NAME -	PARENT, L. E.	AA	1.2 NAME	PD Reif, Daniel	Change 🛐	Add tion
STREET ADDRESS	911 NE 2ND AVENUE		*3 STREET ADDRESS	911 NE 2nd Avenue		
CITY - ST - ZIP	FT LAUDERDALE FL 33304		1.4 CiTY - SI - ZiP	Ft. Lauderdale, FL 3330	4	
TITLE	VO .	☐ DELETE	2 1 Title			Addition
NAME	HAMILTON, JOEL G.		2.2 NAME			
STREET ADDRESS	12 E. SUNRISE BLVD.		2.3 STREET ADDRESS			
TITLE	FT LAUDERDALE FL 33304 ST	☐ DELETE	2.4 CHY-ST-ZIP 3.1 THLE		☐ Change ☐	1 Addition
NAME	CRUM, PAUL V		3 2 NAME		□ change €	T Montion
STREET ADDRESS	12 E. SUNRISE BLVD.		3.3 STREET ADDRESS			
CITY - ST - ZIP	FT LAUDERDALE FL 33304		3.4 City-St-ZiP			
TITUE		DELETE	4 1 TIFLE		Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			İ
CITY - ST ZIP		FI Decem	4.4 CITY - ST - 7IP			
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NAME DEDECT INDEDECE			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP TITLE		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE			7 6 4 4 4 7 4 7
NAME					☐ Change ☐	Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS			
CITY-ST-ZIP			6 4 CITY-ST-ZIP			
14. I do hereby	certify that the information supplied the information indicated on this group	with this filing is voluntarily fun	nished and does not qualify	for the exemption stated in Section 119	.07(3)(k). Florida Statutes.	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 Block 12 or Block 13 if changed, or on an attachment with an address

P. Y · C RU M

SECRETARY - TREASUREK

FEB 211986

Got) 779 -> 0 40

Disprine Phone #

FEB 211886 (305) 779-2040