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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 377043

(5)

	Name V. REAVES, C.P.A., P.A										
rincipal Place of Business 9655 SOUTH DIXIE HWY. SUITE 205		9	Mailing Address  9655 SOUTH DIXIE HWY. SUITE 205 MIAI FL 33156								
MIAI FL 33156							3. Date Incorporated or Qualified 02/12/1971	3a.	Date of Last 04/27/19		
Principal Place	ce of Business	2a. 26	Mailing Address				4. Fet Number 59-1349941			Applied For Not Applicat	
Suite, Apt. #,	, etc.	<b>⊢</b>	Suite, Apt. #, etc.				5. Certificate of Status Desired		,	\$8.75 Additional Fee Required	
City & State			City & State				Election Campaign Financing     Trust Fund Contribution			00 May Be led to Fees	
Zip	Country 25	-44-	Zip	Co 30	ountry		8. This corporation has lability for Florida Statutes	r intangil es		s 199.032,	
1	g. Name and Address of Co		tered Agent		T		10. Name and Address of New	Registe	red Agent		
					81	Name					
REAVES, JOHN W. 6790 SW 98TH STREET MIAMI FL 33156					82	Street Address (P.O. Box Number is Not Acceptable)					
					83						
					84	City			FL 85	Zip Gode	
or registere	o the provisions of Sections 607, and agent, or both, in the State of the obligations of,	f Florida, Such	i change was auth	iorized by the	oove-na corpor	amed corpor ration's boar	ation submits this statement for the p d of directors. I hereby accept the ap	eurpose ( opointme	of changing its int as register	s registered of ed agent. ∤am	
or registere familiar with SIGNATUREs 12.	nd agent, or both, in the State of n, and accept the obligations of, signature, typed or printed name of registers. OFFICER:	Florida, Such Section 607.0	n change was auth 0505, Florida Stati applicable DTORS	iorized by the utes.  (NOTE Registers 13.	ed Agents	ration's boar	ation submits this statement for the p d of directors. I hereby accept the ap d wisn ministring? ADDITIONS/CHANGES TO OI	ppointme	ATE AND DIREC	TORS IN 12	
or registere familiar with SIGNATURES 12. TITLE	nd agent, or both, in the State of n, and accept the obligations of, signature, typed or printed name of registers.  OFFICER:  PD  REAVES, JOHN W.	Florida, Such Section 607.0	n change was auth 0505, Florida Statu applicable	(NOTE Registers 11.1	ed Agent s L TITLE NAME	ration's boar	d of directors. Thereby accept the ap	ppointme	ate	TORS IN 12	
or registere familiar with SIGNATURE S112. TITLE NAME SIREET ADDRESS	ad agent, or both, in the State of n, and accept the obligations of, Syndium, bried or private name of registers.  OFFICER:  PD  REAVES, JOHN W.  6790 SW 98TH ST	Florida, Such Section 607.0	n change was auth 0505, Florida Stati applicable DTORS	(NOTE: Registers 11.1 1.2 1.3	ed Agents  TITLE  NAME  STREET A	signature required	d of directors. Thereby accept the ap	ppointme	ATE AND DIREC	TORS IN 12	
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or registere familiar with SIGNATURE \$  12.  TITLE NAME SIREET ADDRESS CITY - ST - 7P	ad agent, or both, in the State of n, and accept the obligations of, or private rank of registers:  OFFICER:  PD REAVES, JOHN W. 6790 SW 98TH ST MIAMI FL SD REAVES, DIANNE C. 6790 SW 98TH ST	Florida, Such Section 607.0	n change was auth 0505, Florida Statu applicable CTORS DELETE	(NOTE Registered by the utes.    NOTE Registered by 13.   1.1   1.2   1.3   1.4   2.1   2.2   2.3   2.4   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.1   3.	ed Agent s  I TITLE  NAME  STREET A  CITY-SI- TITLE  NAME  STREET A  CITY-SI- TITLE	signature required  ADDRESS  ADDRESS	d of directors. Thereby accept the ap	ppointme	AND DIREC	FORS IN 12 e	
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OF TOGISTERE  FAMILIAN  SIGNATURE  SIREAL  SITULE  NAME  SITULE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	ad agent, or both, in the State of n, and accept the obligations of, or private rank of registers:  OFFICER:  PD REAVES, JOHN W. 6790 SW 98TH ST MIAMI FL SD REAVES, DIANNE C. 6790 SW 98TH ST	Florida, Such Section 607.0	Change was auth 0505, Florida Statu applicable CTORS  DELETE  DELETE	(NOTE Registered by the utes.)  13. 11. 12. 13. 14. 2.1 22. 23. 24. 3.1 32. 33. 34. 4.1 42. 43. 44. 5.1	ed Agent s  I TITLE  NAME  STREET A  CITY-ST-  TITLE  NAME	action's boar signature required  ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS - ZIP	d of directors. Thereby accept the ap	ppointme	ATE AND DIRECT Chang Chang	FORS IN 12 e	
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WRORD TOHN U. REPVE 4/1996 TO DOWN DOWN OF SIGNING OFFICER OR DIRECTOR