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

DOCUMENT #

(4)

1. Corporation Name

Principal Place of Business Mailing Address Mailing Address PO BOX 491950 P.O. BOX 491950 P.O. BOX 491950					
	RDALE FL 33308	FT LAUDERDALE FL 333 US	49- 2026	3. Date Incorporated or Qualified 09/27/1971	3a. Date of Last Report 05/01/1995
2. Principal f	Place of Business	2a. Mailing Address	<u></u>	4. FEI Number 59-0787605	Applied For Not Applicable
Suite, Apl	t. #, etc.	Suite, Apt. #. etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ale	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	Zip - 4 - 0	Country	This corporation has liability for its second control of the	
24]	25	29 (33309	30		□No
44	9. Name and Address of Curren			10. Name and Address of New R	egistered Agent
-	-		81 Name		
STON	e, arthur o.		82 Street Add	ress (P.O. Box Number is Not Acceptab	de)
3860 W. COMMERCIAL BLVD.			bz olicel radi		
- FT. LA	AUDERDALE FL 33349		83		
			84 City		85 Z _{IP} Code
	nt to the provisions of Sections 607,0502				FL " P COOC
SIGNATURE	Signature - typeo or printed harvin of registers. Lagrid OFFICERS ANI	D DIRECTORS	Flogosenco Agent signative respons	ADDITIONS/CHANGES TO OFF	
TITLE	D DONNETT BONING OTONE	DELETE	1 1 TITLE		Change Addition
NAME	BENNETT, BONNIE STONE		1.2 NAME		
STREET ADDRES	S 1000 SE 7TH ST FT LAUDERDALE FL		1.3 STREET ADDRESS		
CITY - ST - ZIF	PD PD	DELETE	1 4 CITY - ST - ZIP 2 1 TITLE		Change Addition
TITLE	STONE, ARTHUR O.		2 2 NAME		
NAME STREET ADDRES	ON ICLA DAMIA DO		2 3 STREET ADORESS		
C-TY-ST-ZIP	FT. LAUDERDALE FL		2 4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	3 1 T TLE		Crange Addition
NAME	DEMAREST, RICHARD		3.2 NAME		
STREET ADDRES			3.3 STREET ADDRESS		
CITY - ST- ZIP	FT. LAUDERDALE FL		3.4 C(TV - \$1 - Z(2)		
TITLE	D OFFICE OFFICE	© €ELF16.	4 1 TiTLE		Change Addition
NAME	CORDON, SERGIO		4.2 NAME		
STREET ADDRES	3100 NW 72 AVE. #120		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMÍ FL	DELETE	4.4 CITY-ST-ZIF		Change Addition
TITLE	BLACKWELL, JAMES	[] DELETE	5 1 TILE		□ onango □ suomon
NAME	4744 ON PA ALE		5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRES	FT. LAUDERDALE FL		54 CITY - ST - ZIP		
CITY-ST-ZIP TITLE	1/2 1 10/1	DAM P DELETE	5 1 TifLE		Change Addition
NAME	Shirtley Ox	291.3	6.2 NAME		
STREET ADORES	50 ISLA BI	ANA U.	6.3 STREET ADORESS		
CITY CT 710	" Pt. LAUGES O	MIC, FL	6.4 C(1Y - S1 - Z(P		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR