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

CORP ANNUA	ROFIT PORATION AL REPORT 996	FLORIDA DEPARTM Sandra B. M Secretary of DIVISION OF COR	of State		
DOCUM 1. Corporation N	!ENT # 419651	DRATION			
Principal Place o 25255 Bay Ft Laude	of Business yview Drive erdale, FL 33305	Mailing Address 2525 Bayview Ft. Lauderdal		3. Date Incorporated or Qualified	3a. Date of Last Report
				02/22/1973	04/28/95
2. Principal Plac	pe of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1438027	Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required
City & State	A STATE OF THE STA	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	0	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 3i	Country	8. This corporation has liability for in Florida Statutes Yes	No
24	9. Name and Address of Current	1 1		10. Name and Address of New R	egistered Agent
Deadlas			81 Name		
Bradley, Dale Adams 2525 Bayview Drive 82 Street Address (P.O.				ess (P.O. Box Number is Not Acceptab	ole)
	uderdale, FL 3330	0.5	83		
	•				Arl 7 code
			84 City		FL 85 Zip Code
or redistere	o the provisions of Sections 607.0502 of agent, or both, in the State of Florid n, and accept the obligations of, Section	a. Such change was authorized t	the above-named corpor by the corporation's boar	ration submits this statement for the pur rd of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
SIGNATURE _				d the shades	DATE
12.	Signature, typed or printed name of registered egent a OFFICERS AND		Registered Agent signature require	ADDITIONS/CHANGES TO OFF	
TITLE	PD	☐ DELETE	1. 1 TITLE		Change Addition
NAME	Bradley, Dale	. ·	1.2 NAME		
STREET ADDRESS	2525 Bayview Dr Ft. Lauderdale,	1Ve - Et 33305	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	S S	☐ DELETE	1.4 CITY-ST-ZIP 2 1 TITLE		☐ Change ☐ Addition
NAME	Koehler, Pat	<u></u>	22 NAME		_
STREET ADDRESS	2525 Bayview Dr	ive	2 3 STREET ADDRESS		
CHY-SI-ZIP	Ft. Lauderdale,	FL 33305	2 4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	3 1 TITLE -		Charge C Assesser
NAME DIDELLADDRESS			3.3. STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			3 4 C(TY-SI-ZIP		
TITLE		☐ DELETE	4. 1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME	mmmmm 4 mi	74 C74 C7
STREET ADDRESS			4.3 STREET ADDRESS	-04/30/9601	UTUT <i>e</i> : 892012
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	44 CITY-S1-ZIP 5 1 TITLE	2000018) -04/30/9601) ***200.00	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CiTY-ST-ZIP		☐ Change ☐ Addition
TITLE		DELETE	6. 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME 6.3 STREET ADDRESS		24.30
STREET ADDRESS			6.4 CITY-ST-ZIP		7'
CITY-ST-ZIP	l		9.0 OH 1 91 EU		NOTIONAL Charleto Chat, dan 1 further

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 13 if changed, or on a attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR EPINTED NAME OF SIGNING OFFICER OR DIRECTOR

954.566.9818 Daytime Prione #

CR2E034 (12/95)