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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Saridra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

Principal Place of Business 833 W COMMERCIAL BLVD FT LAUDERDALE FL 33309 US 3. Date Incorporated or Qualified 03/08/1973 2. Principal Place of Business 2a. Mailing Artdress 4. FET Number	
3. Date Incorporated or Qualified 03/08/1973 0 2. Principal Place of Business 2a. Mailing Artdress 4. FET Number	1911 918() 919() 319() 918() 509(
2. Principal Place of Business 2a. Mailing Arldress 4. FEI Number	te of Last Report 04/17/1995
	Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.	Not Applicable \$8.75 Additional
27	Fee Required
City & State City & State 6. Election Campaign Financing 1 Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip Country 8. This corporation has liability for intangible ta 24 25 29 30 Fiorida Statutes Yes No	tax under s. 199.032,
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered 81 Name	Agent
GERBINO, JOHN N. 82 Street Address (P.O. Box Number is Not Acceptable)	
901 SE 11TH ST	
DEDITIED BEAUTIFE	
FL	85 Zip Code
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's floar of directors. Thereby accept the appointment as familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE: Signification of directors of the electronic floridation of the electronic floar of the el	
	Change Addition
NAME GERBINO, JOHN N 12 NAME STREET ADDRESS 901 SE 11TH ST 13 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BCH, FL 00000	
	Change Addition
NAME GERBINO, ELIZABETH R. 22 NAME STREET ADDRESS 901 SE 11TH STREET 23 STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
The state of the s	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STHEET ADDRESS	
CHY-SI-7IP	C) Change C) Addiso
	Change Addition
NAME 42 NAME	
\$TREET ADDRESS	
	Change Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-S1-ZIP 54 CITY-S1-ZIP	
**************************************	☐ Change ☐ Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CHY-ST-ZIP 64 CHY-ST-ZIP 64 CHY-ST-ZIP 64 CHY-ST-ZIP 14. Ldo 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). Fig.	i

costing that the information supplies visit his armula freport or suppliemental and does not quality for the exemption stated in Section 119.07(d)(k), Florida Statutes. Further certify that the information indicated on this armula report or suppliemental 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:

Alon N. Jalans, Cals Laure and typed on printed name of signing officer on director

4/30/96 (954) 176-5050