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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

(8)

Principal Place of Business Mailing Address 3553 W. DAVIE BLVD. FT. LAUDERDALE FL 33312 Mailing Address 7553 W. DAVIE BLVD. FT. LAUDERDALE FL 33312										
						Date Incorporated or Qualified 01/09/1974		of Last F		
······································	ace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21	E ala	26				59-1555679		$\Box\Box$	Not Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State			6. Election Campaign Financing			0 May Be		
Z ip	Country	28 Ζιρ		untry		Trust Fund Contribution			d to Fees	
24	25	29 30		· · · · · · · · · · · · · · · · · · ·		8. This corporation has liability for intangible tax Florida Statutes Yes No		x under s	under s 199.032,	
	9. Name and Address of Curr		1551	1		10. Name and Address of New R		Agent		
				81	Name		. 		-	
COOK,				82	Street Ad	dress (P.O. Box Number is Not Acceptab	(e)			
	W. 16TH STREET					`	-,			
FT. LAU	DERDALE FL 33312			83						
				84	City			85 Zı	ıp Code	
11 Directoria	o the provisions of Continue COZ OF	00 1007 4500 Ft : 0:		$oxed{oxed}$		oration submits this statement for the pur	<u> FL</u>			
SIGNATURE _	n, and accept the obligations of, Se Signature, typed or printed name of registered ag	ent and title if applicable	tes. (NOTE: Registered			and of directors. I hereby accept the appoint	DATE			
12.	PD	ND DIRECTORS DELETE	13.	DTLE		ADDITIONS/CHANGES TO OFFI				
NAME	COOK, AGNES		1. 1 1 1.2 N				L	Change	☐ Addition	
STREET ADDRESS	3553 W DAVIE BLVD				ADDRESS					
CITY - ST - ZIP	FT. LAUDERDALE FL			ITY-S						
THILE		DELETE	2.17		, , , , ,			7 Change	Addition	
NAME		_	22 N	AME			_	,	<u></u>	
STREET ADDRESS			235	TREET	ADDRESS					
C TY+ST-ZIP			24 C	HY-S	1-ZIP					
T:TLF		☐ DELETE	3 1 1	ITLE				Change	Addition	
NAME			3 2 N	AME						
STREET ADDRESS			3.3. \$	TREET	ADDRESS					
CITY-ST-ZIP			3 4 C	TY-S	r- ZIP					
DIVE		☐ DELETE	4 1 1		- 1] Change	Addition	
NAME OFFICE APPEARS			4.2 N		- 1					
STREET ADDRESS					ADORESS					
Cri y - St - ZIP Title		DELETE	5. 1 T	ITY-SI	I-ZIP) Channa	Addition	
NAME		Chetter	5. 1 1 5.2 N] Change	☐ Addition	
STREET ADDRESS					ADDDECC					
City-St-ZP				IY-SI	ADDRESS 1. 7JP					
THE		☐ DELETE	6 1 1		F.11		Г) Change	Addition	
NAM!		_	62 N				_	,		
STREET ADDRESS					address					
CITY-ST-ZIP				TY-SI						
14. I do hereby	certify that the information supplied	d with this filing is voluntarily fu	rnished and	does	not qualify	for the exemption stated in Section 119.0	7(3)(k), Flor	ida Statut	es. I further	

14. To ordereby certify that the information supplied with this filing is voluntarily trinshed 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: X

SIGNATURE: X

SIGNATURE TO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dole

Dole

Deliver Phone *

3/9/96 (954)583-0581