COF ANNI	PROFIT RPORATION JAL REPORT 1996	FLORIC	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						
DOCUMENT # 458798 (6)									
	/IN SERVICES, INC.	·	•			1 152111 6:201 61121 10111 10212 10212	Bi 1811 Aleu albu		
Principal Place of Business Mailing Address 24 CAYUGA ROAD LAUDERDALE-BY-THE-SEA FL 33308 24 CAYUGA ROAD LAUDERDALE-BY-THE-SEA FL 33308				EA FL 33308					
		· · · · · · · · · · · · · · · · · · ·				3. Date incorporated or Qualified 08/01/1974		of Last Report /30/1995	
z. Principal Pi	ace of Business	2a. Mailing Addre	ess			4. FEI Number 59-1995209		Applied Fo	
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			Certificate of Status Desired		\$8.75 Additions	
City & State	}	City & State				6. Election Campaign Financing		Fee Required \$5.00 May Be	
Z _I p	Country 25	Zip 29	30	Country	,	Trust Fund Contribution 8. This corporation has liability for Florida Statutes Tyes	intangipte tax	Added to Fees cunder s 199.032,	
	9. Name and Address of Curr		30			Florida Statutes Yes 10. Name and Address of New F		gent	
	& GOREN, P.A. COMMERCIAL BLVD #200			83		ress (P.O. Box Number is Not Acceptat	DIE)		
3099 E. FT LAUC	COMMERCIAL BLVD. #200 DERDALE FL 33308	.02 and 607,1508, Florida orida. Such change was a action 607.0505, Florida S	Statutes, the uthorized by tatutes.	83 84 e above-r	City	ration submits this statement for the pured of directors. I hereby accept the app	FL	85 Zip Code ging its registered cegistered agent. I are	office n
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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:

April 15 / 996 (95W783-859)

SIGNATURE AND TYPEO OR PRINTED NAME OF SIONING OFFICER OR DIRECTOR