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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT	##
DOCUMENT	77
1 Composition Name	

SIGNATURE:

490152

(6)

rincipal Place	Of Business	Ma∃ing Address	······································			
5340 N FEE		5340 N FEDERAL HWY LIGHTHOUSE POINT FI				
4-011111000	E FORTI E 99907	EGITINOUSE FORM FI	L 33004	No. 1944		
				3. Date Incorporated or Qualific 11/19/1975	ed 3a. Date of Last F 04/26/1	
	ce of Business	2a. Mailing Address	- ^	4, FEI Number		Applied For
4701		26 PO BO	x 5850	59-1631896		Not Applicable
Suite, Apt. #	304	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required
City & State	~ -	City & State	0	6. Election Campaign Financing		May Be
	House M. Fl	. 28 WGHTHOU		Trust Fund Contribution	Adde	d to Fees
Zφ -330	Country 25 BROWARD	<sup>7</sup> 29 33074	Country 30 B ROWAK(	8. This corporation has liability t	for intangible tax under s res □No	199.032,
	9. Name and Address of Current		so to second	10, Name and Address of Nev		
		· · · · · · · · · · · · · · · · · · ·	81 Name	OAN BT		
	CH, DONALD N		82 Street Addu	ress (P.O. Box Number is Not Accep	)EUTSCH tablet	
	ORTHEAST 45TH STREET		20	160 NE 451	951	
LIGHTH	IOUSE PNT FL 33064		83			
			84 City	. U.S. U.S		p Code
Pursuant to	the provisions of Sections 607.0502	and 607 1508. Elorida Statutes	the above named cover	ration submits this statement for the	Company of the contract to	3064
or registere	d agent, or both, in the State of Florida , and accept the obligations of, Section	a. Such change was authorized.	by the corporation's boar	rd of directors. I hereby accept the a	porpose or changing its i ppointment as registered	registered offic 1 agent. I am
ICH I MILLI	i, and boodyr the obligations of, Section	in our obos, mona statutes.				
BRITTAINE	MAN KDANTEC	14 ( A)	an 6	Description	U ~1	1-01
NATURE ,	JOAN B DRUTS ( by at the typed or printed name of regulared agent a	nd title if applicable (NO)	LUM Some Agent Signature records	Deuten	DATE 4 7	2-96
		nd title if a plication (NO) DIRECTORS	13.	ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECTO	DRS IN 12
r [	पुरत in. typēd oi printed name of regislared againt a OFFICE RS AND ₽	nd title if applicable (NO)	13. 1 1 TITLE	····	DATE	
r r	OFFICE HS AND P DEUTSCH, JOAN B	nd title if a plication (NO) DIRECTORS	13. 1 1 TITLE 1 2 NAME	····	DATE DEFICERS AND DIRECTO	DRS IN 12
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