SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT CORPORATION** ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

493317

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Principal Place	of Business	М	ailing Address				I OMBIOL BIGHU POIGO IFFUN PROFI	1881 81811 8181	II DIQII QYOLI BIQII QEQL! 1001
641 S. FEDERAL HWY. POMPANO BEACH FL 33062-5905			641 S. FEDERAL HWY. POMPANO BEACH FL 33062-5905					-	
						3	Date Incorporated or Qualified 12/31/1975	1	ate of Last Report 5/01/1995
2. Principal Pla	ace of Business	2a.	Mailing Address			4	I. FEI Number		Applied For
21			26				59-1648001		Not Applicable
Suite, Apt.	, etc.	L	Suite, Apt. #, etc.			5	. Certificate of Status Desired		\$8.75 Additional
22		27							Fee Required
City & State	1	28	City & State			6	<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>		\$5.00 May Be Added to Fees
Zip	Country	20	Zip	Cour	itry		3. This corporation has liability for	r intangibie	
24	25	29		30			Florida Statutes	Yes [	] No
	9. Name and Address of Curren	nt Regis	stered Agent				). Name and Address of New R	egistered /	Agent
MO	CCULLOCH, THOMAS				B1 Nam	ie			
	9 SE 4TH AVE.			-	<b>82</b> Stree	et Address	(P.O. Box Number is Not Accepta	ıble)	
	DMPANO BEACH FL			-	83				
					•				
				Ī	B4 City			FL	85 Zip Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the obligations.	of Florid	da. Such change was	authorized.	by the co	d corporati rporation s	on submits this statement for the poor of directors. Thereby acceptions of directors of the state of the stat	nuruose of	changing its registered
SIGNATURE	Trial mar, and decopy the owngr		., ddd bor ioddoj i						
	Signature, typed or printed name of registered age			OTE Registered	Agent signal	are required wh		EAR	DIDECTORO III 40
12.	OFFICERS AN	ID DIRE		13.		· · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFF	ICEHS ANL	Change Addition
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TITLE	PD		DELETE	1 1 TIT		Ì			Change Adented
NAME	MCCULLOCH, THOMAS		[] DETEIE	1 2 NA	ME	s			Change Addiso
NAME STREET ADDRESS	MCCULLOCH, THOMAS 239 SE 4TH AVE.			1 2 NA 1 3 ST	ME REE1 ADORES	s			Change Access.
NAME	MCCULLOCH, THOMAS		DELETE	1 2 NA 1 3 ST	ME REE1 ADORES: Y-ST-ZIP	s			
NAME STREET ADDRESS CITY-ST-ZIP	MCCULLOCH, THOMAS 239 SE 4TH AVE. POMPANO BEACH FL D			1 2 NA 1 3 ST	ME REE1 ADORES: Y-ST-ZIP LE	s			
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	MCCULLOCH, THOMAS 239 SE 4TH AVE. POMPANO BEACH FL D MCCULLOCH, CHRISTINE 239 SE 4TH AVE.		DELETE  DELETE	1 2 NA 13 ST 14 CIT 2 1 TH 2 2 NA 23 ST 2 4 CI 31 TH 3 2 NA 3 3 ST 3 4 CI 4 1 HI 4 2 NA 4 3 ST 4 4 CI 5 1 TH 5 2 NA	ME  SEET ADDRESS  LE  SEET ADDRESS  LY-ST-ZIP  LE  ME  ME  ME  ME  ME  ME  ME  ME  ME	S S S S S S S S S S S S S S S S S S S			Change Addition Change Addition Change Addition Change Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MCCULLOCH, THOMAS 239 SE 4TH AVE. POMPANO BEACH FL D MCCULLOCH, CHRISTINE 239 SE 4TH AVE.		DELETE  DELETE	1 2 NA 13 ST 14 CIT 21 TH 22 NA 23 ST 2 4 CI 31 TH 32 NA 33 ST 34 CI 41 TH 4 2 NA 43 ST 44 CI 51 TH 52 NA 53 ST 54 CI 61 TH 62 NA	ME  SEET ADDRES Y-ST-ZIP  LE  ME  REET ADDRES IY-ST-ZIP  LE  ME  KEET ADDRES IY-ST-ZIP  LE  MME  KEET ADDRES IY-ST-ZIP  LE  MME  REET ADDRES IY-ST-ZIP  LE  MRE REET ADDRES IY-ST-ZIP  LE  REET ADDRES IY-ST-ZIP  LE	SS SS SS			Change Addition Change Addition Change Addition Change Addition

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 617. Florida Statutes and that my name appears in Block 13 of changed, or on an attachment with an address

GNATURE:

| Signature Shall have the same legal effect as if made under the provided by Chapter 617. Florida Statutes and that my name appears in Block 13 of changed, or on an attachment with an address

| Signature Shall have the same legal effect as if made under the provided by Chapter 617. Florida Statutes and that my signature shall have the same legal effect as if made under the provided by Chapter 617. Florida Statutes and that my signature shall have the same legal effect as if made under the provided by Chapter 617. Florida Statutes and that my signature shall have the same legal effect as if made under the provided by Chapter 617. Florida Statutes and that my signature shall have the same legal effect as if made under the provided by Chapter 617. Florida Statutes and that my signature shall have the same legal effect as if made under the provided by Chapter 617. Florida Statutes and that my signature shall have the same legal effect as if made under the provided by Chapter 617. Florida Statutes and that my signature shall have the same legal effect as if made under the provided by Chapter 617. Florida Statutes and that my signature shall have the same legal effect as if made under the provided by Chapter 617. Florida Statutes and that my signature shall have the same legal effect as if made under the provided by Chapter 617. Florida Statutes and that my signature shall have the same legal effect as if made under the provided by Chapter 617. Florida Statutes and the provided by Chapter 617. Florida Statutes and the provided by Chapter 618.

SIGNATURE: