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

PROFIT CORPORATION ANNUAL REPORT



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

1996

516902

(4)

DOCUMENT # 1. Corporation Name

Principal Place of Business  11440 OKEECHOBEE BLVD. SUITE 217 ROYAL PALM BEACH FL 33411 US  2. Principal Place of Business  3. Date Incorporated or Qualified 10/21/1976 O4/18/1995  4. FEI Number 59-1698531 Not Applied For Not Applied For S9-1698531 Not Applied For S9-16985
SUITE 217 ROYAL PALM BEACH FL 33411 US  2. Principal Place of Business  2. Mailing Address  2. Mailing Address  3. Date Incorporated or Qualified 10/21/1976  4. FEI Number  59-1698531  Suite, Apt. #, etc.  20  City & State  City & State  28  Country  29  No  9. Name and Address of Current Registered Agent  HAFT, ROBERT M. 2492 N.W. 66 DR.  SUITE 217  ROYAL PALM BEACH FL 33411 US  3. Date Incorporated or Qualified 10/21/1976  4. FEI Number  59-1698531  Suite, Apt. #, etc.  5. Certificate of Status Desired   \$8.75 Additional Fee Required   Fee Required   \$5.00 May Be   Trust Fund Contribution   Added to Fees   Added to Fees   Added to Fees   Points Status   Points
22. Principal Place of Business 24. Mailing Address 25. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. Suite, Apt. #, etc. 29. City & State 29. Country 24. State 29. Suite, Apt. # etc. 29. Country 29. Name and Address of Current Registered Agent  HAFT, ROBERT M. 2492 N.W. 66 DR.  4. FEI Number 5. Gertificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Compaign Financing Fee Required 6. Election Compaign Financing Fee Required 7. Trust Fund Contribution 7. State Address of Status Desired 8. This corporation has liability for intangible tax under s 199.032, florida Statutes 7. Yes No 8. This corporation has liability for intangible tax under s 199.032, florida Statutes 7. Name Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Binancing  Signature  Added to Fees
22   27   5. Certificate of Status Desired   Fee Required
City 8 State  City 8 State  28  City 8 State  28  City 8 State  28  Country  Country  29  Country  29  Country  29  30  Country  8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Ps. Name and Address of Current Registered Agent  HAFT, ROBERT M.  2492 N.W. 66 DR.  City 8 State  Country  Country  8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)
28   Trust Fund Contribution   Added to Fees
Zip Country Zip Country Zip Country Sign Sign Sign Sign Sign Sign Sign Sign
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  HAFT, ROBERT M.  2492 N.W. 66 DR.  82 Street Address (P.O. Box Number is Not Acceptable)
HAFT, ROBERT M. 2492 N.W. 66 DR.  81 Name  62 Street Address (P.O. Box Number is Not Acceptable)
HAFT, ROBERT M. 2492 N.W. 66 DR.  82 Street Address (P.O. Box Number is Not Acceptable)
2492 N.W. 66 DR.
BOCA NATON FL 33496
84 City 85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above named corporation submits this statement for the curve as of shearing its residue of the curve as of the curve as of shearing its residue of the curve as of shearing its residue of the curve as of the curve a
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
The and accept the deligations of, section but 1,000, Floring Statutes.
Signature. Signature, typed or princed name of registered agent and talk if applicable (NOTH Registered Agent agriculture regin at when reinstating).  DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILE PD DELETE 1 1 TITLE Change Addition
NAME HAFT, ROBERT M. 12 NAME
STHEET ADDRESS 2492 N.W. 66 DR. 1.3 STREET ADDRESS
CITY-ST-ZIP BOCA RATON FL 1.4 CITY-ST-ZIP
TITLE D DELETE 2 1 TITLE Change Addition
NAME HAFT, GARY S 22 NAME
STHEET ADDRESS 5315 NW 108 WAY 2 3 STREET ADDRESS
CITY-ST-ZIP CORAL SPRINGS FL 24 CITY-ST-ZIP
CHILL LADROCCO
STATE OF THE STATE
NAME 42 NAME
STHEET ADDRESS 43 STREET ADDRESS
CHY-SI-ZIP 44 CHY-SI-ZIP
TITLE DELETE 5.1 TITLE Change Addition
NAME 52 NAME
STREET ADDRESS 53 STREET ADDRESS
CITY-S1-ZIP 5.4 CITY-S1-ZIF
111LE
NAME 6.2 NAME
STREET ADDRESS 63 STREET ADDRESS
CITY-S1-ZIP  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 07/39kh. Florida Statutes 1 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: Male Male OF SIGNIN SIGNING OFFICER OR DIRECTOR

3/1/96 407-798-3957