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

DOCUMENT #

535217

(4)

DADE SOUTH INSURANCE AND ACCOUNTING, INCORPORATE

Principal Place of Business Mailing Address 325 N KROME AVE 325 N KROME AVE					5.5.		
PO BOX 574	PO BOX 574	PO BOX 574 HOMESTEAD FL 33030					
HOMESTEAD FL 33030	HOMESTEAD			3. Date Incorporated or Qualified 05/05/1977	r Qualified 3a. Date of Last Report 01/24/1995		
2. Principal Place of Business	2a. Mailing Addre	ess		4. FEI Number 59-1739031	······································	├	oplied For ot Applicable
1	26 Suite, Apt. #,	otc .			<u> </u>		Additional
Suite, Apt. #, etc.	27 Suite, Apr. #,	610.		5. Certificate of Status Desired			equired
City & State	City & State			Election Campaign Financing Trust Fund Contribution	;		May Be to Fees
Zip Country	Z _I D		ountry	8. This corporation has liability for	intangible tax ur		
4 25	29	30	•	Florida Statutes	: □No		
g. Name and Address of	Current Registered Agent			10. Name and Address of New F	legistered Age	nt	
			81 Name				
DAVIS, DONNA F		62 Street Ad		ldress (P.O. Box Number is Not Acceptable)			
325 N KROME AVE HOMESTEAD, FL			83				
33030			84 City		[8	5 Zip	Code
11. Pursuant to the provisions of Sections 6					FL∖	1	
or registered agent, or both, in the State familiar with, and accept the obligations SIGNATURE Storature based or privide name of reds.			red Agent signature require	ad when reinstating)	DATE		
familiar with, and accept the obligations SIGNATURE Signature typed or printed name of regis	tered agent and liftle if applicable.	(NOTE Registe				REC: OF	S IN 12
familiar with, and accept the obligations SIGNATURE Signature typed or printed name of regis 12. OFFICE		(NOTE Registe		nd when reinstaling) ADDITIONS/CHANGES TO OFF	ICERS AND DI		RS IN 12
familiar with, and accept the obligations SIGNATURE Signature typed or printed name of regis 12. OFFICE PD PD	tered agont and title if applicable.	(NOTE Registe 13 ETE 1.	3.		ICERS AND DI		
familiar with, and accept the obligations SIGNATURE Signature typed or printed name of regis 12. OFFICE TITLE PD DAVIS, DONNA F	tered agont and title if applicable.	(NOTE Registe 18 ETE 1.	3. 1 TITLE		ICERS AND DI		
familiar with, and accept the obligations SIGNATURE Signature typed or printed name of regis 12. OFFICE TITLE PD DAVIS, DONNA F STREET ADDRESS 325 N KROME AVE	tered agont and title if applicable. ERS AND DIRECTORS DELE	(NOTÉ Registe 118 ETE 1. 12 1.3	3. 1 TITLE 2 NAME 9 STREET ADDRESS 4 CITY-ST-ZIP		FICERS AND DIF	hange	Addition
familiar with, and accept the obligations SIGNATURE Signature typed or printed name of regis 12. OFFICE TIFLE PD NAME DAVIS, DONNA F STREET ADDRESS 325 N KROME AVE HOMESTEAD, FL 00	tered agont and trile if applicable ERS AND DIRECTORS	(NOTE Register 1. 1.2 1.3 1.4 ETE 2	3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 DITY-ST-ZIP 1 TITLE		FICERS AND DIF		
familiar with, and accept the obligations SIGNATURE Signature typed or printed name of regis 12. OFFICE TITLE PD DAVIS, DONNA F STREET ADDRESS GITY - ST - ZIP HOMESTEAD, FL 00 TITLE NAME	tered agont and title if applicable. ERS AND DIRECTORS DELE	(NOTE Register 1. 1.2 1.3 1.4 ETE 2.2 2.2	3. 1 TITLE 2 NAME 2 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME		FICERS AND DIF	hange	Addition
familiar with, and accept the obligations SIGNATURE Signature typed or printed name of regis 12. OFFICE TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	tered agont and title if applicable. ERS AND DIRECTORS DELE	(NOTE Register 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS		FICERS AND DIF	hange	Addition
familiar with, and accept the obligations SIGNATURE Signature typed or printed name of regis 12. OFFICE TITLE PD DAVIS, DONNA F STREET ADDRESS GITY-S1-ZIP HOMESTEAD, FL 00 TITLE NAME STREET ADDRESS CITY-S1-ZIP	tered agont and title if applicable ERS AND DIRECTORS DELE DELE DELE	(NOTE Register 1. 1.2 1.3 1.4 ETE 2.2 2.3 2.4	3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		CERS AND DI	hange	Addition
familiar with, and accept the obligations SIGNATURE Signature typed or printed name of regis 12. OFFICE TITLE PD DAVIS, DONNA F SIREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	tered agont and title if applicable. ERS AND DIRECTORS DELE	(NOTE Register 13 ETE 1. 12 13 1.4 ETE 2 22 23 24 ETE 3	3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE		CERS AND DI	hange	Addition
familiar with, and accept the obligations SIGNATURE Signature typed or printed name of regis 12. OFFICE TITLE PD DAVIS, DONNA F 325 N KROME AVE HOMESTEAD, FL 00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	tered agont and title if applicable ERS AND DIRECTORS DELE DELE DELE	(NOTE Register) 18 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		CERS AND DI	hange	Addition
familiar with, and accept the obligations SIGNATURE Signature typed or printed name of regis 12. OFFICE TITLE PD DAVIS, DONNA F 325 N KROME AVE HOMESTEAD, FL 00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	tered agont and title if applicable ERS AND DIRECTORS DELE DELE DELE	(NOTE Register) 18 17 18 17 18 18 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME		CERS AND DI	hange	Addition
familiar with, and accept the obligations SIGNATURE Signature typed or printed name of regis 12. OFFICE TITLE PD DAVIS, DONNA F 325 N KROME AVE HOMESTEAD, FL 00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	tered agont and title if applicable ERS AND DIRECTORS DELE DELE DELE	(NOTE Register) 18 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18	3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-SI-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-SI-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-SI-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS		CERS AND DIE	hange	Addition
familiar with, and accept the obligations SIGNATURE Signature typed or printed name of regis 12. OFFICE TITLE PD DAVIS, DONNA F 325 N KROME AVE HOMESTEAD, FL 00 TITLE NAME STREET ADDRESS CITY-ST-ZIP	tered agont and title if applicable. ERS AND DIRECTORS DELE O000	(NOTE Register) 13 15 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		CERS AND DIE	hange	Addition Addition
familiar with, and accept the obligations SIGNATURE Signature typed or printed name of regis 12. OFFICE TIFLE PD DAVIS, DONNA F 325 N KROME AVE HOMESTEAD, FL 00 TIFLE NAME STREET ADDRESS CITY-S1-ZIP TIFLE NAME STREET ADDRESS CITY-S1-ZIP TIFLE NAME STREET ADDRESS CITY-S1-ZIP TIFLE TIFLE NAME STREET ADDRESS CITY-S1-ZIP TIFLE THE TADDRESS TIFLE THE TADDRESS TIFLE TIFL	tered agont and title if applicable. ERS AND DIRECTORS DELE O000	(NOTE Register 1) 12 13 14 15 16 16 17 17 17 17 17 17 17 17 17 17 17 17 17	3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-SI-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-SI-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-SI-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-SI-ZIP 1 TITLE		CERS AND DIE	hange	Addition Addition
familiar with, and accept the obligations SIGNATURE Signature typed or printed name of regis 12. OFFICE TIFLE PD DAVIS, DONNA F STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 00 TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME NAME NAME	tered agont and title if applicable ERS AND DIRECTORS DELE O000 DELI DELI DELI	(NOTE Register 1) 12 13 14 15 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-SI-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-SI-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-SI-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-SI-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-SI-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-SI-ZIP		CERS AND DI	thanga thanga thanga	Addition Addition Addition
familiar with, and accept the obligations SIGNATURE Signature typed or printed name of regis 12. OFFICI TITLE PD DAVIS, DONNA F SIREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	tered agont and title if applicable. ERS AND DIRECTORS DELE O000	(NOTE Pegister 1). 12 13. 14. ETE 2 23. 24. 23. 34. 34. 44. 44. 45. ETE 5.	3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-SI-ZIP 1 TITLE 2 NAME 2 NAME 3 STREET ADDRESS 4 CITY-SI-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-SI-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-SI-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-SI-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-SI-ZIP 1 TITLE		CERS AND DI	hange	Addition Addition
familiar with, and accept the obligations SIGNATURE Signature typed or printed name of regis 12. OFFICI TITLE PD DAVIS, DONNA F SIREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	tered agont and title if applicable ERS AND DIRECTORS DELE O000 DELI DELI DELI	(NOTE Pegister 1). 12 13. 14. ETE 2 23. 24. 25. 24. 44. 44. 44. 44. 45. 55. 55.	3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 TITLE 2 NAME		CERS AND DI	thanga thanga thanga	Addition Addition Addition
familiar with, and accept the obligations SIGNATURE Signature typed or printed name of regis 12. OFFICE TITLE PD DAVIS, DONNA F SIREET ADDRESS 325 N KROME AVE HOMESTEAD, FL 00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	tered agont and title if applicable ERS AND DIRECTORS DELE O000 DELI DELI DELI	(NOTE Register 1). 12 1.3 1.4 FTE 2 2.3 2.4 ETE 3 3.4 4.4 4.5 ETE 4.5 5.5 5.6	3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS		CERS AND DI	thanga thanga thanga	Addition Addition Addition
familiar with, and accept the obligations SIGNATURE Signature typed or printed name of regis 12. OFFICI TITLE PD DAVIS, DONNA F SIREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 00 TITLE NAME STREET ADDRESS CITY-ST-ZIP	tered agont and title if applicable ERS AND DIRECTORS DELE DELE DELE DELE DELE DELE DELE	(NOTE Pegister 1) 112 13 14 ETE 1, 14 ETE 2 23 24 23 34 34 34 44 45 ETE 4, 45 45 55 55	3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		CERS AND DIE	thanga thanga thanga	Addition Addition Addition
familiar with, and accept the obligations SIGNATURE Signature typed or printed name of regis 12. OFFICI TITLE PD DAVIS, DONNA F SIREET ADDRESS 325 N KROME AVE HOMESTEAD, FL 00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	tered agont and title if applicable ERS AND DIRECTORS DELE O000 DELI DELI DELI	(NOTE Register 1). 12 13. 1.4 ETE 2 23. 2.4 ETE 3 3.4 3.3 ETE 4. 4.2 4.3 4.4 ETE 5. 5.6 5.6 ETE 6	3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 1 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE		CERS AND DIE	change Change Change	Addition Addition Addition Addition
familiar with, and accept the obligations SIGNATURE Signature typed or printed name of regis 12. OFFICE TIFLE PD DAVIS, DONNA F STREET ADDRESS 325 N KROME AVE HOMESTEAD, FL 00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	tered agont and title if applicable ERS AND DIRECTORS DELE DELE DELE DELE DELE DELE DELE	FTE 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		CERS AND DIE	change Change Change	Addition Addition Addition Addition

SIGNATURE: NOWW V. Navis Donna F. Davis

(305)245-2933

Daytime Prime #