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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

HORN	MENT # 57649 IER DISCUS INTERNATION	\)				
Principal Place	e of Business	Mailing Address			I HODELON DININ DOOLD BININ BIRRED HARK	1961 B(B()	IN DIDIL DIDIL BIBLI (BB)
5755 POWERLINE ROAD 5755 POWERLINE ROAD FORT LAUDERDLAE FL 33309 FORT LAUDERDLAE FL							
					3. Date Incorporated or Qualified 06/08/1978	3a. Date of L 05/0	ast Report 1/1995
	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 Suite Ant	# 010	26			59-1829127		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	D.		5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Z(p)	Country 25	Zip 29	30 Co	untry	8. This corporation has liability for in Florida Statutes Yes	ntangible tax un	·
	9. Name and Address of Curre			T	10. Name and Address of New Ro		nt
				81 Name			
	Milliam A.			82 Street Addr	ess (P.O. Box Number is Not Acceptable	le)	
5755 POWERLINE ROAD					JIESS (1.0. DOX NUMBER IS NOT NUCEPILABLE)		
FORT L	AUDERDALE FL 33309			83			
				84 City		FL 85	5 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida St	atutes, the ab	ove-named corpor	ation submits this statement for the purp	oose of changin	a its registered office
or register familiar wit	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	rida. Such change was auth ction 607.0505. Florida Stat	norized by the utes.	corporation's boar	d of directors. I hereby accept the appoint	ointment as regis	stered agent. I am
	,	come, nondo otal					
SIGNATURE _							
	Signature, typed or printed name of registered ager	· · · · · · · · · · · · · · · · · · ·	(NOTE: Registere	d Agent signature required	d when reinstating)	DATÉ	
12.		ND DIRECTORS	(NOTE: Registere	d Agent signature required		DATE CERS AND DIRI	ECTORS IN 12
12. TITLE	OFFICERS AN	· · · · · · · · · · · · · · · · · · ·	(NOTE: Registers 13.	d Agent signature recjuired	d when reinstating)	DATÉ	ECTORS IN 12
12. TITLE NAME	OFFICERS AN P KENT, WILLIAM A.	ND DIRECTORS	(NOTE: Registere 13.	d Agent signature requirad	d when reinstating)	DATE CERS AND DIRI	ECTORS IN 12
12. TITLE	P KENT, WILLIAM A. 5755 POWERLINE ROAD	ND DIRECTORS	(NOTE: Registere 13. 1.1 1.2) 1.35	d Agent signature requira TITLE VAME STREET ADDRESS	d when reinstating)	DATE CERS AND DIRI	ECTORS IN 12
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certify that the information indicated of this armual 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: