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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 581556

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rincipal Place of Business Mailing Address

6204 NORTHW TAMARAC FL	rest 57th street 33319	6204 NORTHWEST 571 TAMARAC FL 33319	TH STREET				
					 Date Incorporated or Qualified 08/01/1978 	3a. Date of Last R 04/28/199	
2. Principal Plac	ne of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
1		26			59-1842326		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 4 * * *	Additional Required
Oity & State		City & State			Election Campaign Financing Trust Fund Contribution	LJ Adde	May Be d to Fees
Ζφ 4	Country 25	Ζιρ 29	30	entry		□No	199.032,
	Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agent	
				81 Name			
	Latt, marvin s PHD. / 57th street			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	C FL 33319			83			
				84 City		FL 85 Z	p Code
11. Pursuant to	a the provisions of Sections 607.050	2 and 607.1508, Florida Statut	tes, the abo	ove-named corpo	ration submits this statement for the pur	pose of changing its	registered offic
or exciptore	ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	rida. Such chango was aufhorit	zea by the a	corporation's boa	ard of directors. Thereby accept the app	ointment as registered	agent. I am
SIGNATURE			OIL Besistans	d Agent signature require	ort when remetalized	DATE	
	Signature, typed or protect came of registered ago OFFICERS, Al	ND DIRECTORS	13.	J ragonic argument of the factor	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	ORS IN 12
12.	PD	DELETE	1.17	TITLE		☐ Change	■ Addition
NAME	ROSENBLATT, MARVIN S.	L	1.2 N	IAME			
STREE: ADDRESS	6204 N.W. 57TH ST		135	TREET ADDRESS			
City-ST-ZiP	TAMARAC FL			ITY-ST-ZIP			
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4. 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(3)(k). Florida Statutes I 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:

6-96 (305)722-2020