Substant Apt. #, etc. Suits. Apt. #, etc.	PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTM Sandra B. M Secretary of DIVISION OF COR	MENT OF STATE Mortham of State	AND FILED 95 MAY IN PH 6: 35	
Principal Place of Business Mosting Academia 2780 S.F.LAMINGO RD. DAVIE FL. 33330 Date incorporated or Qualified Sa. Date of Less Report O6/22/1978 Sa. Date of Less Report O6/20/1985	DOCUME 1. Corporation Nan	ENT # 583102	2 (9)			
2 Principal Place of Business	2780 S.FLAMING	GO RD.	2780 S.FLAMINGO RD.		3. Date Incorporated or Qualified 08/22/1978	3a. Date of Last Report 05/01/1995
Surie, Apt. #, etc.	2. Principal Place	of Business			4. FEI Number	Applied For Not Applicable
City & State	21					\$8.75 Additional
PRIOR, PETER W 25 26 26 30 10 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 27 280 S FLAMINGO RD 27 280 S FLAMINGO RD 2	City & State		City & State	Country	Trust Fund Contribution 8. This corporation has liability for a	\$5.00 May Be Added to Fees intangible tax under s 199.032,
PRIOR, PETER W 2 (36) S FLAMINGO RD DAVIE FL 33330 11. Pursuant to the provisions of Societies 607 0507 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Honds. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of Section 607 0505, Florids Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of Section 607 0505, Florids Statutes SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ON STREET ADDRESS 27. OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. In the PRIOR, PETER W. 27. OFFICERS AND DIRECTORS IN 13 27. OFFICERS AND DIRECTORS IN 12 10. In the PRIOR, PETER W. 27. OFFICERS AND DIRECTORS IN 13 27. OFFICERS AND DIRECTORS IN 13 27. OFFICERS AND DIRECTORS IN 14 27. OFFICERS AND DIRECTORS IN 14 27. OFFICERS AND DIRECTORS IN 14 27. OFFICERS AND DIRECTORS IN 12 27. OFFICERS AND DIRECTORS I	Zip	25	29		Florida Statutes 🔀 Yes	∐ No
SIGNA** URL	11. Pursuant to or registered familiar with,	. 33330 The provisions of Sections 607,050	oction 607.0505, Florida Statutes	84 City s, the above-named corporation's bo		rpose of changing its registered offic pointment as registered agent. I am
12.	SIGNATURE	Seje ature, typied or printed harve of registers of digit			ADDITIONS/CHANGES TO OF	FIGERS AND DIRECTORS IN 12
City - St - ZiP	TITLE NAME	PD PRIOR, PETER W. 2780 S.FLAMINGO RD.		1 1 THUE 12 NAME 13 STREET ADDRESS	700 -05/19	Change L. Adolfor CLD
STREET ADDRESS 24 CITY-ST-ZIP Change Addition Change Ch	CITY+ST-ZIP TITLE NAME		☐ DELETE	2 1 TITLE 22 NAME	<i>ተተላቸ</i> (Change Addition
STREET ADDRESS 3.4 C/TY-S1-2IP Change Addition	CITY-ST-ZIP TITLE NAME		☐ DELETE	2.4 CHY - S1 - ZIP 3.1 THLE 3.2 NAME		☐ Change ☐ Addilio
STREEL ADDRESS 44 City - S1 - 207 Change Addition Additi	CITY - ST- ZIP TITLE NAME		□ O€;EfE	3.4 C(1Y - S1 - 2)P 4.1 TITLE 4.2 NAME		☐ Chaage ☐ Addiic
_ · · · · · · · · · · · · · · · · · · ·	CITY - S1 - ZIP		☐ DELETE	4.4 CITY - ST - ZIF 5.1 TITLE		Change Additi

6.4C/IY-51-2P

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(3)(k), Florida Statutes I further 14. I do hereby certify that the information indicated on this annual report or supplierental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplierental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or trustee empowered to execute this report as required by Chapter 60°, Florida Statutes; and that my name appears in Block 12 or Block 13 if thanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

€ 1 TITLE

62 NAME

6.3 STHEET ADDRESS

64 CiTY-ST-ZP

CITY - ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

☐ Change ☐ Addition