## 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 # 1. Corporation Name 589493

(6)

Principa Place of Business Mailing Address  5335 RAVENSWOOD ROAD FORT LAUDERDALE FL 33312  FORT LAUDERDALE FL 33312		
	Incorporated or Qualified 3a. Date of Last Report 0/15/1978 04/18/1995	
2. Principal Place of Business 2a. Mailing Address 4. FEI		For
	<b>59-1895826</b> Not Appl	licable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Cert	ficate of Status Desired S8.75 Addition	
	ion Campaign Financing\$5.00 May E	Be
, , , , , , , , , , , , , , , , , , ,	t Fund Contribution Added to Fee	
Zip Country Zip Country 8. This	corporation has liability for intangible tax under s 199.032	2,
24 20 20	da Statutes Yes No	
	ne and Address of New Registered Agent	
81 Name		
GRATTAN, GARY WILLIAM  • 5935 RAVENSWOOD ROAD	ox Number is Not Acceptable)	
FORT LAUDERDALE, FLORIDA D 33312		
84 City	FL 85 Zip Cocle	
11. Pursuant to the provisions of Sections 607.050? and 607.1508. Florida Statutes, the above named corporation submor registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Stratute typed or proted have of registered agent and the marginal and the marginal and the marginal agent a	rs Thereby accept the appointment as registered agent.	l am
12. OFFICERS AND DIRECTORS 13. ADD	ITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
MILE PD DELETE 1 1 TITLE	Change Ad	ddition
NAME GRATTAN, GARY WILLIAM 12 NAME		
STREET ADDRESS 5830 SW 36 TERRACE 13 STREET ADDRESS		
CITY-ST-ZIP FT. LAUDERDALE FL 14 CTY-ST-ZIP	Change Ac	ddition
MILE STD DELFTE 2 1 TIPLE	Change Ac	Julio-i
NAME GRATTAN, DOROTHY M. 22 HAME		
STREET ADDRESS 5830 SW 36 TERRACE 2.3 STREET ADDRESS		
CITY-ST-ZIP FT. LAUDERDALE FL 24 CITY-ST-ZIP 24 CITY-ST-ZIP DELETE 3 1 TITLE	Change A	do tipe
NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS		
CITY-ST-ZIP 34 CITY-ST-ZIP		
TITLE DELETE 4 1 TITLE	Change Ac	ddition
NAME 4.2 NAME		
STREET ADDRESS 4.3 STHEET ADDRESS		
CITY-ST-ZIP 44 CITY-ST-ZIP	<u></u>	
	3000018288 <sup>©</sup> ®* <sup>0 *</sup>	ddition
NAME 52 NAME	300001828896°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°	
STREET ADDRESS 53 STREET ADDRESS	***200.00	
CITY-ST-ZIP 54 CITY-ST-ZIF		
THLE DELETE & 1 TITLE	Change [ A	dition
NAME 62 NAME	7	N
STREET ADDRESS 63 STHFFT ADDRESS	N	33
CITY-ST-ZIP 64-CITY-ST-ZIP 64-CITY-ST-ZIP		Y/_

Fuor nereby certify that the information supplied with this filing is voluntarily turnished 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 changely, or on an application of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

430-96 954-967-0881