COF	PROFIT PORATION JAL REPOR		80).	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham				
	1996		./	retary of Sta OF CORPOR				
	MENT #	601056	(5)			-1		
1. Corporation	n Name		N = 7					
BHUN	J L. DI GIUL	IAN & ASSOCIA	TES, P.A.			L TOOTHE DITTE DATE FOR DITTE	I MIR DIBI DIGI AINI I	E (E) I E (E) I (E) E (E)
Principal Place	of Business		Mailing Address					
4801 NE 23RD AVE 4801 NE 23RD AVENUE								
US	ALE FL 33308		ft.lauderdale fl. Us	. 33306		3. Date Incorporated or Qualified	Da Data atta	- D
					· · · · · · · · · · · · · · · · · · ·	06/03/1969	3a. Date of Las 04/27/	
2. Principal Place of Business			2a. Mailing Address 26			4. FEI Number 59-1262955		Applied For Not Applicable
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	•	75 Additional
City & State)		City & State	<u>-</u>		 Election Campaign Financing Trust Fund Contribution 	LT \$5	ee Required
Zip		Country	Zip		untry	8. This corporation has liability for	intangible tax unde	Ided to Fees ars 199.032,
24	25 9. Name and	Address of Current F	29 Registered Agent	30	Γ	Florida Statutes X Yes 10. Name and Address of New F	Begistered Agent	
DI OUUL		SO			81 Name		<u>*</u>	
	ian, Bruno e: E 23rd ave	50			82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
FT.LAUD	DERDALE FL 33	308			83			
					84 City		FL 85	Zip Code
or registere	ou agent, or pour,	III THE STATE OF FIUNDA.	SUCH CHAINCE Was author	rized by the i	ove-named corpo corporation's boa	ration submits this statement for the pu rd of directors. I hereby accept the app		ts registered office
familiar witi SIGNATURE	h, and accept the	obligations of, Section	607.0505, Florida Statuti	es.			on an a cogoto	ioo ugoni, ram
	Signature, typed or print	ed name of registered agent and OFFICERS AND [NOTE Registered	d Agont signature require			
TITLE	DP			1,11	TITLE	ADDITIONS/CHANGES TO OFF		
NAME STREET ADDRESS	DI GIULIAN, 4801 NE 23			1.2 N				
CITY - ST - ZIP	FT.LAUDERI				TREET ADDRESS			
TITLE			DELETE	2 1 1			🗋 Chang	ge 🔲 Addition
NAME STREFT ADDRESS				2.2 N 2.3 S	AME TREET ADDRESS			
CITY - ST - ZIP					ITY-ST-ZIP			
TITLE NAME			DELETE	3 1 1			🔲 Chang	ge [] Addition
STREET ADDRESS				3.2 N	AME TREET ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			ITY-ST-ZIP			
TITLE			DELETE	4.11	1		🗌 Chanç	ge 🗋 Addition
NAME STREET ADDRESS				4.2 N	AME IREE1 ADDRESS			
CITY-ST-ZIP					ITY-ST-ZIP			
TITLE			DELETE	5 1 T			🔲 Chang	e 🗋 Addition
				52 N/				
STREET ADDRESS CITY-ST-ZIP					TREET ADDRESS			
THLE			DELETE	6. 1 Ti			Chang	e 🔲 Addition
NAME			: <i>*</i>	6.2 N/				
STREET ADDRESS CITY - ST - ZIP			j.		REET ADDRESS			
14. I do hereby	certify that the	formation supplied with	this filing is voluntarily fur	∎ 6.4 Cl rnished and	TY-ST-ZIP does not qualify fi	or the exemption stated in Section 119.	07(3)(k), Florida Sta	tutes. I further
oath; that i appears in	am an office or of Block 12 or Hock	licated on this annual r lirector of the corporati	report or supplemental an an or the receiver or trust mattachment with an ord	nual report i lee empower dress	s true and accura red to execute this	or the exemption stated in Section 119. te and that my signature shall have the s report as required by Chapter 607, Fic	same legal effect as prida Statutes; and	s if made under that my name
		MARTI	HAILIA)	v		Varia	a dia
SIGNATI	ロRFメノル	v v v v v <i>v p p</i>	mm	, م	/\Bruno I	Di Giulian 4-25-96	x 454. 4	41-4430