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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

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1. Corporation	MENT # 60452 ITT AND MOFFITT, P.A.	-0 (4)		(1581) û ûlijî 25ji) ûlbû; dijiû baja sijî ûjarî didir.	2 454) 41814 81811 81611 2881
Principal Place of Business		Mailing Address		i conire niete duiti diebt filbe liften biit fiftit faftit f	BIBIN ÖTDIT ALÁKI ÖTÜTI IABI
509 U. S. HIGHWAY 1 LAKE PARK FL		509 U. S. HIGHWAY LAKE PARK FL	1		
				07/23/1973 03/	of Last Report 20/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1471752	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stati	0	City & State		6. Election Campaign Financing Toust Fund Contribution	\$5.00 May Be
3 Ζφ	Country	28 Zip	Country	Trust Fund Contribution This corporation has liability for intangible tax	Added to Fees
4	9. Name and Address of Curre	29	30	Florida Statutes Yes No	·
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registered Ag	gent
MOFFIT	T, JOAN E.			idress (P.O. Box Number is Not Acceptable)	
509 U. S. HIGHWAY #1 LAKE PARK FL 33403				uress (r. o. box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
11. Pursuant or register	to the provisions of Sections 607.050 red agent, or both, in the State of Flo	02 and 607.1508, Florida Statu orida. Such change was author		FL	 ging its registered office poistered agent. I am
SIGNATURE	Signature, typed or printed name of registered ago	the data transfer of the data transfer in the data	Ites, the above-named corporation's book the corporation's book to the corporation's book the corporation of	oration submits this statement for the purpose of change and of directors. I hereby accept the appointment as re	
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oath, that I am an officer or director of the corporation or the receiver or trustee empower ear appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #