PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		ING FEE AFT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCUN 1. Corporation	MENT # Name	630613 Associates, inc.	(8)			
Principal Place of Business Mailing Address						
22698 EL DORADO DRIVE 22698 EL DOR BOCA RATON FL 33433 BOCA RATON						3. Date Incorporated or Qualified 3a. Date of Last Report
2. Principal Place of Business			2a. Mailing Address			06/22/1979         04/20/1995           4. FEI Number         Applied For
21			26 Suite, Apt. #, etc.			06-1027422 Not Applicable  5 Certificate of Status Desired   88.75 Additional
2 City & State			27 City & State			5. Certificate of Status Desired     P     \$0.75 Additional Fee Required       6. Election Campaign Financing     \$5.00 May Be
23 Zip	Cou	28 Intry	Zip	Co	untry	Trust Fund Contribution     Added to Fees       8. This corporation has liability for intangible tax under s 199.032,
24	25	29 dress of Current Regist		30		Florida Statutes Yes SAN No 10. Name and Address of New Registered Agent
BOCA R/ 11. Pursuant to or registere familiar with SIGNATURE	n, and accept the ob	ections 607.0502 and 607 the State of Florida. Such ligations of, Section 607.0	change was authoriz 505. Florida Statutes	ed by the 5.	corporation's bo	FL 85 Zip Code poration submits this statement for the purpose of changing its registered office pard of directors. I hereby accept the appointment as registered agent. I am
12.	Signature, typed or printed na	ame of registered agent and the rf a OFFICERS AND DIREC		DTE: Registere 13.	d Agent signatori: roqu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIFLE NAME STREET ADDRESS CITY - ST - ZIF	PD MORGAN, DAN 306 BEACH AV ROCHESTER N	/ENUE	DELETE	1.2 ) 1.3 5	TITLE NAME BTHEET ADDRESS DTY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	S MORGAN, JUD 306 BEACH AV ROCHESTER N	/ENUE	DELETE	2.2 M 2 3 S	TITLE JAME STREET ADDRESS STTY - ST - ZIP	Change Addition &
THLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	3.1 3.21 333	TITLE IAME STREET ADDRESS XITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	4. 1 4.2 M 4.3 S	TITLE IAME STREET ADDRESS SITY - ST - ZIP	Change Addition
TITLE NAME STREE1 ADDRESS CITY - ST - ZIP			DELETE	5.1 5.2 M 5.3 S	TITLE IAME STREET ADDRESS SITY - ST - ZIP	🗋 Change 📋 Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	6 1 62 N 63 S 64 C	TITLE IAME STREET ADDRESS SHY - ST - ZIP	Change 🗌 Addition
certify that oath; that I	the information indica am an officer or dire Block 12 or Block 13 URE:	ated on this annual report	or supplemental ann the receiver or truste ichment with an add	hished and ual report e empower ress.	does not qualify is true and accu ared to execute the	y for the examption stated in Section 119.07(3)(k). Florida Statutes. I further irate and that my signature shall have the same legal effect as if made under this report its required by Chapter 607. Florida Statutes; and that my name 3 - 30 4 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5