## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	No.	5)	Secreta DIVISION OF C	CORPORA	TIONS					
DOCUN 1. Corporation		63986	<b>52</b>	(2)							
PRAC	KO, INC.						4 184116 61166 12114 15151 18116	E144 B 51 B ) E1	1811 AIĞI: 614	IN BIRT	ı A(A)) A(A)( (CA)
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Principal Place	of Business		Ma	ailing Address			1 (8)   1   1   1   1   1   1   1   1   1	#111# (FB) W			
	9TH MANOR	71		10968 N W 9TH MAN CORAL SPRINGS FL							
OOINE O	111100 72 000	.,					3. Date Incorporated or Qualified	3a. [	Date of Las	st Rep	ort
							10/17/1979		04/2		
2. Principal Pla	ace of Business	S		Mailing Address			4. FEI Number		_		oplied For
Suite, Apt. #	t etc		26	Suite, Apt. #, etc.			59-1950098		\$8		ot Applicable Additional
22]	, 00.		27	Conto, F. F. II, Olor			Certificate of Status Desired		-		equired
City & State			28	City & State			Election Campaign Financing     Trust Fund Contribution				May Be to Fees
<i>Z</i> ip		Country		Zip	Coun	try	8. This corporation has liability fo	r intangibles	le tax unde	ers '	99.032,
24	9 Name a	5 nd Address of Current	29 t Regis	tered Agent	30		10. Name and Address of New				
	0. 1101110					B1 Name	,		<del>-</del>		
MEISI	ER, MICHAE	I.C. P.A.			<u> </u>	32 Street Ad	dress (P.O. Box Number is Not Accepta	able)			
		D PARK BLVD, STE	102		Ĺ						
					- 11	83					
FT. LA	UDERDALE				[	~					
FT. LA						B4 City		E	85	Zip	Code
44 0	NUDERDALE	FL 33311	and 60	7.1508, Florida Statute	e the above	B4 City	poration submits this statement for the p	urnose of	changing	ite re	nistered office
11. Pursuant t	o the provision	FL 33311	da. Such	n change was authorize	s, the aboved by the co	B4 City	poration submits this statement for the poard of directors. I hereby accept the ap	urnose of	changing	ite re	nistered office
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certify that the information indicated on this tinnual 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 dorporation 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 inchanged, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/56 984-755-2917