FILE	NOW: FILING 1	FEE AFTER MA	AY 1 IS \$22	5.00	P 510 308 0	<i>J</i> •
CORPO ANNUA	OFIT DRATION L REPORT		RIDA DEPARTMENT C Sandra B Mortha Secretary of Sta- VISION OF CORPOR	n :		
DOCUM  1. Corporation N	ENT # 64	4313 AND TAX SERVICE	(9) E. INC.			
Principal Place of 6115 MIRAMA SUITE E MIRAMAR FL US	R PKY	P.O. BOX	Mailing Address P.O. BOX 4545 HOLLYWOOD FL 33083 US		3. Date incorporated or Qualified 3a. Date of Last Report 05/01/1995	
2. Principal Place	e of Business	2a. Mailing A	ddress		4. FEI Number 59-1947629	Applied For Not Applicable
Suite, Apt. #,	etc.	Suite Ap	t. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & St.	ate		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	2ıp <b>29</b>	[30]	itry	This corporation has liability for in Florida Statutes Yes      Name and Address of New Ro	□ No
	9. Name and Address of	Current Hegistered Age	ent	81 Name	10, Haine and Address of New York	99100000-1-192-11
	is, anthony Jrway Blvd			82 Street Ad	dress (P.O. Box Number is Not Acceptabl	e)
	R FL 33023			63		
				84 City		FL 85 Zip Code
or registered familiar with	d agent, or both, in the State, and accept the obligations	of Horida, Such change of, Section 607.0505, Flo	vas authorized by the rida Statutes	corporation s oc	oration submits this statement for the pur and of directors. I hereby accept the appo	
5:	grature, type-4 or printed method helps	ERS AND DIRECTORS	garate Registers	d Agest superfore reas	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE	PD WILLIAMS, ANTHON 7845 FAIRWAY BLV	Υ	DELETE 1.1	TUTLE NAME STREET ADDRESS		Change Addition
STREET ADDRESS CITY-ST-ZIP	MIRAMAR, FL 00000	)	140	SiTY-ST-ZIP		Change Addition
TIFLE NAME		L	221	TITLE NAME STREET ADDRESS		C orange C Addition
STREET ADDRESS  CITY-ST-ZIP  TITLE			24	CITY-ST-ZIP		Change Addition
NAME STREET ADDRESS			33	NAME STREET ADDRESS		
CITY-S1-ZIP TITLE			DELETE 4 1	DITY - ST - ZIP TITLE NAME		Change Addition
NAME STREET ADDRESS				STREET ADDRESS		

14. If do hereby certify that the information supplied with this filing is vocuntarily furnished and obes 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 certify that I am an officer or director of the corporation or the receivor or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_

CITY - ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

An Thony Williams Authory William 9/20 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR METERS

( DELETE

DELETE

4.4 Cify - ST - 7.P

5 3 STREET ADDRESS

6.3 STREET ADDRESS

6 4 CITY - ST-ZIP

5.4 CITY - ST-7/E

5 1 117LE

5.2 NAME

6 1 T TLF

6.2 NAME

(954)985-96cc

☐ Change ☐ Addition

☐ Change ☐ Addition

CR2E034 (12/95)