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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

648374 **DOCUMENT #**

Country

9. Name and Address of Current Registered Agent

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(7)

MARK S. ROTH, P.A.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Z(0)

Suite Apt. #, etc

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1926 HOLLYWOOD BLVD. HOLLYWOOD FL 33020

2. Principal Place of Business

ROTH, MARK S.

1926 HOLLYWOOD BLVD.

HOLLYWOOD FL 33020

Suite, Apt. #. etc.

City & State

21

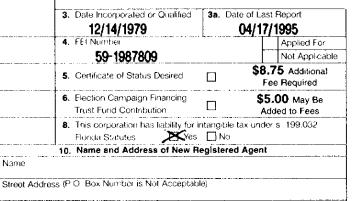
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1926 HOLLYWOOD BLVD. HOLLYWOOD FL 33020



Zip Code 84 Crtv 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Statutes, the above named corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

81 Name

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12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THEF	PD DELEIE	1 1 T-TLF	Change Addition
NAME	ROTH, MARK S.	1.2 NAME	
STREET ADDRESS	1926 HOLLYWOOD BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	14 CHY ST-ZIP	
T-TLE	☐ DELETE	2 1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-SI-ZIP		24 CiTY+ST-Z-P	
TITLE	☐ DELETE	3 1 TIPLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST- ZIP		3.4 CITY - ST - ZIP	
TITLE	DELETE	4 1 DIGE	Change Addit on
NAME		4.2 NAME	
STREET ADDRESS		4.3 STHEET ADDRESS	
CITY - ST - ZIP		4.4 CHTY - ST-ZIP	
THILE	☐ D€1FTE	5 1 fille	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6 1 Titlef	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP	codily that the information or policel with this filed is voluntarily fire	6.4 CITY - ST - 21P	

Ldo hereby certify that the information, supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Horida Statutes. I further certify that the information indicated on this annual report is 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE:

TURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR