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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996		DIV	Secretary of Sta ISION OF CORPO			
DOCUM 1. Corporation I		660063	3	(9)			
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Principal Place of	of Business		Mailing Addre	ss			i de i sent detaste di inter di di inter di distribis di inter di inter di inter
10000 W. BAY BAY HARBOR				AY HARBOR DR.			
US HANDON	FL 33154		APT, 423 BAY HARBO	R ISLANDS FL 331	54		
			US		•	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Plac	ce of Business		2a. Mailing Ad	dress		03/21/1980 4. FEI Number	06/14/1995 Applied For
21			26			59-1991193	Not Applicab
Suite, Apt. #,	, etc.		Suite, Apt.	#, etc.		5. Certificate of Status Desired	\$8.75 Additional
22			27				Fee Required
City & State			City & Stat	e		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Co	untry	Zip	Co	ountry	This corporation has liability for	Added to rees
24	25		29	30	•	Florida Statutes Yes	
	9. Name and Ad	ddress of Current	Registered Ager	it		10. Name and Address of New F	Registered Agent
					81 Name		
Gottfried, Harold 1000 W. Bay Harbor Dr.					82 Street Ad	ldress (P.O. Box Number is Not Acceptat	ole)
APT. 423		K .			83		
	BOR ISLAND FL	33154					
DATE TEXT		. 00104			84 City		FL 85 Zip Code
11. Pursuant to	the provisions of S	ections 607.0502 a	nd 607.1508, Flor	ida Statutes, the ab	ove-named corp	oration submits this statement for the pu	
or registered famil ar with	d agent, or both, in and ocept the p	the State of Florida digations of, Section	Such change wa n 607.0505, Florid	is authorized by the a Statutes.	corporation's b	poration submits this statement for the purpose of directors. I hereby accept the app	ointment as registered agent. I am
SIGNATURE	Helly	W NR	25) 4a	no of the	THY ORES	4/14/96
12.	ignature, typed or printed	time of registered agent an OFFICERS AND		✓NOTE: Registere	od Agent signature rece	ADDITIONS/CHANGES TO OFF	DAR AND DIDECTORS IN 19
Trīle	PD	0111021107110	□ D		TITLE		ICERS AND DIRECTORS IN 12
NAME	GOTTFRIED, H	1AROLD		1. 1			Change Addition
STREET ADDRESS					NAME		Change Addition
CITY-ST-7IP	BAY HARBOR	HARBOR DR. A	PT. 42 3	1.2	NAME STREET ADORESS		☐ Change ☐ Addition
		HARBOR DR. A ISLAND FL		1.2 1.3: 1.4:	STREET ADORESS CITY-ST-ZIP		
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4. To nereby certify that the information supplied with this fling is voluntarily furnished and does not quality 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 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 appears in Block 12 or Block 13 is franged, or on an attribute with an address.

SIGNATURE:

HELD THAT HARD TARRET OF SIGNING OFFICER OR DIRECTO

4/14/96 305 956754