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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 667333

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FLOF	rida fringe benefits, in	C.		
Principal Piac	of Business	Mailing Address		T JORNIA BRINA CHIN FORMA SINDE NINDE NIND BRONI BURNI B
P.O. BOX	ERSITY PARK DR #210 4669 ARK FL 32793	130 UNIVERSITY PA P.O. BOX 4669		
**************************************	ANK FC 32783	WINTER PARK FL S	12/93	3. Date Incorporated or Qualified 3a. Date of Last Report 04/21/1980 02/14/1995
_ 2. Principal P 21	Place of Business	2a. Mailing Address		4. FEI Number Applied For S9-1885242 Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
City & Stat	te	City & State		Fee Required 6. Election Campaign Financing \$5.00 May Be
3	· · · · · · · · · · · · · · · · · · ·	28		Trust Fund Contribution Added to Fees
Zφ [4]	Country 25	Ζιρ 29	Country 30	 This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No
	9. Name and Address of Currer	nt Registered Agent	81 Nan	10. Name and Address of New Registered Agent
STEINBERG, EDWIN 130 UNIVERSITY PARK DR #210 WINTER PARK FL 32793		82 Stre	reet Address (P.O. Box Number is Not Acceptable)	
			84 City	y FL 85 Zip Code
familiar w	mn, and accept the obligations of, Sect	tion 607.0505, Florida Statute	S.	ed corporation submits this statement for the purpose of changing its registered officion's board of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE	Synative, typed or principlateic of registrated agent OFFICERS AN	tion 607.0505, Florida Statute	°S.	on's board of directors. I hereby accept the appointment as registered agent. I am DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE 12.	Synumes, bused or printed cheric of registrated agent OF FIGERS AN	tion 607.0505, Florida Statute	IOTE: Registered Agent signate	sture required when reinstating) DATE
SIGNATURE 12. THE NAME SPEET ADDRESS	Synchres by set or periodic number of registriest agent OFFICERS AN STD STEINBERG, BARBARA 130 UNIVERSITY PK DR 210	t and title if accorable @ D DIRECTORS DELETE	IOTE Registered Agent signal. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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not be say could 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 truste empowered to execute this report as required by Chapter 60?, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Steinberg

GOFFICER OR DIRECTOR

9/2/96 407-65-7-069-