· PROFIT CORPORATION ANNUAL REPORT 1996		Sance Sec	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
DOCUI 1. Corporation ALLOR		1 (7)					
Principal Place 4953 N UNIV #148 LAUDERHILL	DR	Mailing Address 621 N.W. 76TH TER PLANTATION FL 333 US		<u> </u>			
US 2. Principal Pla	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualified 07/18/1980 4. FEI Number	3a. Date of Last 04/10/1	
21 Suite, Apt. 1	#, etc.	26 Suite, Apt. #, etc.		59-2020771	<u>\$8</u> 7	Not Applicable 5 Additional	
22 City & State		27 City & State			 Certificate of Status Desired Election Campaign Financing 	LI Fee	Required DO May Be
23 Zip	Country	28 Zip Country		Trust Fund Contribution 8. This corporation has liability for i	L Add	ed to Fees	
24	25 9. Name and Address of Curre	29 nt Registered Agent	30		Florida Statutes Yes 10. Name and Address of New R	D No	
SIGNATURE	o the provisions of Sections 607,050 ad agent, or both, in the State of Flor h, and accept the obligations of, Sec	non bur.usus, Fionda Statun	es.		ration submits this statement for the pur rol of directors. I hereby accept the appo	PL pose of changing its intment as registere	Ip Code registered office d agent. I am
12.	OFFICERS AN	D DIRECTORS	NOTE Registered Agen	t signature requin	ADDITIONS/CHANGES TO OFF	DATE CERS AND DIRECT	ORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Steinberg, Allan D. 621 N.W. 76th Terr Plantation Fl	🗋 DELETE	1 1 TITLE 1.2 NAME 1 3 STREET 1 4 CITY-S			Change Change	ORS IN 12
TITLE NAME STREFT ADDRESS	STD Steinberg, Laurie K. 621 N.W. 76th Terr Plantation Fl	<u> </u>	2.1 TITLE 2.2 NAME 2.3 STREET			Change	Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS	PLANANON PL	DELETE	2.4 CITY-S 3. 1 TITLE 3 2 NAME 3.3 STREET	ADDRESS		Change	Addition
City-St-Zip Title NAME STREET ADDRESS City-St-Zip		DELETE	4. 1 TITLE 4.2 NAME 4.3 STREET	ADDRESS		[] Change	Addition
TITLE NAME STREET ADDRESS CITY - S1 - ZIP		DELETE	4 4 CITY-Si 5 1 THLE 5 2 NAME 5 3 STREET	ADDRESS		Change	Addition
TITLE NAME STREET ADDRESS C(TY-ST-Z(P		DELETE	5.4 CITY-S1 6.1 THLE 6.2 NAME 6.3 STREET 6.4 CITY-S1	ADDRESS 1- ZIP		Change	Addition
14. I do hereby certify that oath: that I	URE: URE:	ual report or supplemental an pration or the receiver or trust	mished and does inual report is true tee empowered to dress.	a not qualify f e and accura o execute thi	or the exemption stated in Section 119.0 ale and that my signature shall have the s s report as required by Chapter 607, Flo TEIWBER6 HIS 90 Date	same legal effect as rida Statutes; and th	if mondo undor