ANNU	PROFIT PORATION JAL REPORT 1996			A DEPARTMEN Sancra B. Mori Secretary of S ON OF CORPO	tham State				
DOCUM 1. Corporation I FLORIDA		F09561	(4	4)					
Principal Place of P.O. BOX 2443			Mailing Address P.O. BOX 24435			t tanning that Edita laid	i dinia bilbe libi i	01011 E1E11 Q(B() U(14 0 10 11 0 10 11 10 0 f
FT LAUDERDA			FT LAUDERDALE						
						3. Date incorporated or C 10/15/1980	Qualified 3a	Date of Last 02/09/19	
2. Principal Plac	ce of Business		2a. Mailing Addres	SS		4. FEI Number		02/09/18	Applied For
Suite, Apt. #,	, etc.		Suite, Apt. #, e	etc.		59-2042977		\$9.7	Not Applicable 5 Additional
City & State			27 City & State	······································		5. Certificate of Status De		Fee	Required
23			28 City & State			6. Election Campaign Fina Trust Fund Contribution			00 May Be ed to Fees
Zip 24	25	untry	7ip 29	30	ountry	This corporation has lia Florida Statutes	bility for intang	gible tax under s	
	9. Name and A	dress of Current R				10. Name and Address of		-	
MAY, GEO	ODGE				81 Name				
					100				
5790 WH	IIRLAWAY ROAD					dress (P.O. Box Number is Not A	\cceptable)		
5790 WH					83	dress (P.O. Box Number is Not A	Acceptable)		
5790 WHI PALM BE	IRLAWAY ROAD FACH GARDENS	FL 33418	d 607 1608 E(ord) 6	Statutoo Alica al	83 84 City				ip Code
5790 WHI PALM BE/ 11. Pursuant to or registered familiar with,	IRLAWAY ROAD ACH GARDENS the provisions of S d agent, or both, in , and accept the o	FL 33418 sections 607.0502 and the State of Florida. soligations of, Section	607.0505, Florida Sta	atutes.	83 84 City bove named corpe e corporation's bo	oration submits this statement fo and of directors. Thereby accept			
5790 WHI PALM BE/ 11. Pursuant to or registered familiar with, SIGNATURE Signature.	IRLAWAY ROAD ACH GARDENS the provisions of S d agent, or both, in ,, and accept the o	FL 33418 Sections 607.0502 and the State of Florida.	607.0505, Florida State	atutes.	84 City bove named corpie corporation's bo	oration submits this statement fo and of directors. Thereby accept	r the purpose the appointm	of changing its ent as registere	registered offic d agent. I am
5790 WHI PALM BE/ 11. Pursuant to or registerect familiar with, SIGNATURE SI: 12.	iRLAWAY ROAD ACH GARDENS the provisions of S d agent, or both, in , and accept the o	FL 33418 sections 607.0502 and the State of Florida. Soligations of, Section of the section of t	607.0505, Florida State	#KHE Register 13 E 1.1	83 84 City bove-named corpressor corporation's boundaries superior required Asiant superior requ	oration submits this statement fo and of directors. Thereby accept	r the purpose the appointm	of changing its ent as registere	registered offici d agent. I am DRS IN 12
5790 WHI PALM BE/ 11. Pursuant to or registered familiar with, SIGNATURE Signature.	irche provisions of S d agent, or both, in, and accept the o	FL 33418 Sections 607.0502 and the State of Florida, soligations of, Section of Periode April 200 DEFICERS AND DISEASE AND D	607.0505, Florida Sta tite Capplicable IRECTORS	######################################	83 84 City bove named corple corporation's bound April squature reprint	oration submits this statement fo and of directors. Thereby accept	r the purpose the appointm	of changing its ent as registered DATE	registered offici d agent. I am DRS IN 12
5790 WHI PALM BE/ 11. Pursuant to or registered familiar with, SIGNATURE 12. 11ILE NAME STREEL ADDRESS CHY-SI-ZIP	irLAWAY ROAD ACH GARDENS the provisions of S d agent, or both, in, and accept the o	FL 33418 Sections 607.0502 and the State of Florida, soligations of, Section of Periode April 200 DEFICERS AND DISEASE AND D	607.0505, Florida Sta Ricci applicable PRECTORS	### 13 1.2 1.3 1.4	83 84 City bove-named corpse corporation's bo red Ajert superior required. 3. THEF NAME STREET ADDRESS CHY-ST-ZIP	oration submits this statement fo and of directors. Thereby accept	r the purpose the appointm	of changing its ent as registere ATE S AND DIRECTO Change	registered officed agent. I am DRS IN 12 Addition
5790 WHI PALM BE/ 11. Pursuant to or registered familiar with, SIGNATURE SIZE. 12. 11ILE NAME STREET ADDRESS	irche provisions of S d agent, or both, in, and accept the o	FL 33418 Sections 607.0502 and the State of Florida, soligations of, Section of Periode April 200 DEFICERS AND DISEASE AND D	607.0505, Florida Sta tite Capplicable IRECTORS	#E 1.1	83 84 City bove-named corpse corporation's bo red Ajert supetive regin 3. THEF NAME STREET ADDRESS	oration submits this statement fo and of directors. Thereby accept	r the purpose the appointm	of changing its ent as registered DATE	registered offici d agent. I am DRS IN 12
5790 WHI PALM BE 11. Pursuant to or registered familiar with, SIGNATURE 12. TILLE NAME STREEL ADDRESS CHY-SI-ZIP TITLE NAME STREEL ADDRESS STREEL ADDRESS STREEL ADDRESS	irche provisions of S d agent, or both, in, and accept the o	FL 33418 Sections 607.0502 and the State of Florida, soligations of, Section of Periode April 200 DEFICERS AND DISEASE AND D	607.0505, Florida Sta Ricci applicable PRECTORS	#KVIE Register 13 E 1.1 1.2 1.3 1.4 E 2.1 2.2 2.3	83 84 City bove-named corple corporation's bo red April synature regin 3. 1 Title STREEL ADDRESS CHY-ST-ZIP NAME STREEL ADDRESS	oration submits this statement fo and of directors. Thereby accept	r the purpose the appointm	of changing its ent as registere ATE S AND DIRECTO Change	registered officed agent. I am DRS IN 12 Addition
5790 WHI PALM BE/ 11. Pursuant to or registered familiar with, SIGNATURE 12. TILLE NAME STREET ADDRESS CHY-ST-ZIP TILLE NAME	irche provisions of S d agent, or both, in, and accept the o	FL 33418 Sections 607.0502 and the State of Florida, soligations of, Section of Periode April 200 DEFICERS AND DISEASE AND D	607.0505, Florida Sta Ricci applicable PRECTORS	#KVIE Register 13 E 1.1 1.2 1.3 1.4 E 2.1 2.2 2.3 2.4	83 84 City bove-named corpus corporation's bounded Aject senature region 3. 1 Title NAME STREET ADDRESS CHY-ST-ZIP UTITLE NAME	oration submits this statement fo and of directors. Thereby accept	r the purpose the appointm	of changing its ent as registere ATE S AND DIRECTO Change	registered officed agent. I am DRS IN 12 Addition
5790 WHI PALM BE/ 11. Pursuant to or registered familiar with, SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME	irche provisions of S d agent, or both, in, and accept the o	FL 33418 Sections 607.0502 and the State of Florida, soligations of, Section of Period Agent and OFFICERS AND DISEASE AND D	607.0505, Florida Sta	######################################	83 84 City bove named corpie corporation's bo set Aject supeture requis 3. 1 Title NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME	oration submits this statement fo and of directors. Thereby accept	r the purpose the appointm	of changing its ent as registered as registered as registered as the control of t	registered officed agent. I am ORS IN 12 Addition
5790 WHI PALM BEJ 11. Pursuant to or registered familiar with, SIGNATURE 12. TILLE NAME STREEL ADDRESS CITY-ST-ZIP TILLE NAME STREEL ADDRESS CITY-ST-ZIP TILLE TILLE NAME	irche provisions of S d agent, or both, in, and accept the o	FL 33418 Sections 607.0502 and the State of Florida, soligations of, Section of Period Agent and OFFICERS AND DISEASE AND D	607.0505, Florida Sta	######################################	83 84 City bove-named corple corporation's bo and April signature region 3. 1 Title NAME STREEL ADDRESS CHY-ST-ZIP NAME STREEL ADDRESS CITY-ST-ZIP	oration submits this statement fo and of directors. Thereby accept	r the purpose the appointm	of changing its ent as registered as registered as registered as the control of t	registered officed agent. I am ORS IN 12 Addition
5790 WHI PALM BE 11. Pursuant to or registered familiar with, SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME	irche provisions of S d agent, or both, in, and accept the o	FL 33418 Sections 607.0502 and the State of Florida, soligations of, Section of Period Agent and OFFICERS AND DISEASE AND D	607.0505, Florida Sta	######################################	83 84 City bove namied corpie corporation's bo set Aject sepature requis 3. 1 Title NAME STREET ADDRESS CITY-ST-ZIP TITLE	oration submits this statement fo and of directors. Thereby accept	r the purpose the appointm	of changing its ent as registered as registered as registered as the control of t	registered officed agent. I am ORS IN 12 Addition
5790 WHI PALM BE/ 11. Pursuant to or registered familiar with, SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP	irche provisions of S d agent, or both, in, and accept the o	FL 33418 Sections 607.0502 and the State of Florida, soligations of, Section of Period Agent and OFFICERS AND DISEASE AND D	607.0505, Florida Sta	### TE Register 13	83 84 City bove namied corpie corporation's bo set Aject supeture requis 3. 1 Title NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP STREEL ADDRESS CITY-ST-ZIP	oration submits this statement fo and of directors. Thereby accept	r the purpose the appointm	of changing its ent as registered as registe	registered officed agent. I am ORS IN 12 Addition Addition
5790 WHI PALM BEJ 11. Pursuant to or registered familiar with, SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP	irche provisions of S d agent, or both, in, and accept the o	FL 33418 Sections 607.0502 and the State of Florida, soligations of, Section of Period Agent and OFFICERS AND DISEASE AND D	BO7.0505, Florida State of applicable IRECTORS DELETE DELETE	### TE Register 13	83 84 City bove namied corpie corporation's bo set Aject sented requis 3. 1 Title NAME STREET ADDRESS CITY-ST-ZIP	oration submits this statement fo and of directors. Thereby accept	r the purpose the appointm	of changing its ent as registered as registe	registered office diagent. I am ORS IN 12 Addition Addition Addition
5790 WHI PALM BE/ 11. Pursuant to or registered familiar with, SIGNATURE 12. 11LE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS STREEL ADDRESS STREEL ADDRESS STREEL ADDRESS STREEL ADDRESS	irche provisions of S d agent, or both, in, and accept the o	FL 33418 Sections 607.0502 and the State of Florida, soligations of, Section of Period Agent and OFFICERS AND DISEASE AND D	607.0505, Florida Sta	### Register 13	83 84 City bove named corpressoration's too sent Ajent sented corpressoration's too 3. I Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	oration submits this statement fo and of directors. Thereby accept	r the purpose the appointm	of changing its ent as registered as registe	registered officed agent. I am ORS IN 12 Addition Addition
5790 WHI PALM BE/ 11. Pursuant to or registered familiar with, SIGNATURE 12. 11ILE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS	irche provisions of S d agent, or both, in, and accept the o	FL 33418 Sections 607.0502 and the State of Florida, soligations of, Section of Period Agent and OFFICERS AND DISEASE AND D	BO7.0505, Florida State of applicable IRECTORS DELETE DELETE	#### Rooter Root	83 84 City bove namied corpressoration's both test Ajant superior required and the corporation's both test Ajant superior required and the corporation's both test Ajant superior required and the corporation of the corporat	oration submits this statement fo and of directors. Thereby accept	r the purpose the appointm	of changing its ent as registered as registe	registered office diagent. I am ORS IN 12 Addition Addition Addition
5790 WHI PALM BE/ 11. Pursuant to or registered familiar with, SIGNATURE 12. 11LE NAME STREELADDRESS CITY-ST-ZIP TITLE	irche provisions of S d agent, or both, in, and accept the o	FL 33418 Sections 607.0502 and the State of Florida, soligations of, Section of Period Agent and OFFICERS AND DISEASE AND D	BO7.0505, Florida State of applicable IRECTORS DELETE DELETE	######################################	83 84 City bove named corpre corporation's bo set Aject sensitive requires. 3. 1 Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	oration submits this statement fo and of directors. Thereby accept	r the purpose the appointm	of changing its ent as registered as registe	registered officed agent. I am ORS IN 12 Addition Addition Addition Addition
5790 WHI PALM BEJ 11. Pursuant to or registered familiar with, SIGNATURE 12. 11ILE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	irche provisions of S d agent, or both, in, and accept the o	FL 33418 Sections 607.0502 and the State of Florida, soligations of, Section of Period Agent and OFFICERS AND DISEASE AND D	DELETE	#### Rooter Root	83 84 City bove named corpre corporation's bo set Aject signature required. 3. 1 Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	oration submits this statement fo and of directors. Thereby accept	r the purpose the appointm	of changing its ent as registered as registe	registered office diagent. I am ORS IN 12 Addition Addition Addition
5790 WHI PALM BEJ 11. Pursuant to or registered familiar with, SIGNATURE 12. 11ILE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME	irche provisions of S d agent, or both, in, and accept the o	FL 33418 Sections 607.0502 and the State of Florida, soligations of, Section of Period Agent and OFFICERS AND DISEASE AND D	DELETE	### Rooter Rooter Reporter Rep	83 84 City bove named corpre corporation's bo set Aject septembre required. 3. 1 Title NAME STREET ADDRESS CITY-ST-ZIP TITLE	oration submits this statement fo and of directors. Thereby accept	r the purpose the appointm	of changing its ent as registered as registe	registered officed agent. I am ORS IN 12 Addition Addition Addition Addition