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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

141

incipal Place	of Business	 Mai	iling Address						
181 99 NE 19 AVE N MIAMI BCH FL 33162			181 99 NE 19 AVE N MIAMI BCH FL 33162						
						3. Date Incorporated or Qualifie 04/14/1981		e of Last R 5/01/198	•
Principal Pla	ice of Business		Mailing Address			4. FEI Number		F	Applied For
Suite, Apt. #	¥, etc	26	Suite, Apt. #, etc.			59-2124119			Not Applicab Additional
		27				5. Certificate of Status Desired			Required
City & State	,	28	City & State			Election Campaign Financing Trust Fund Contribution			0 Мау Ве
	Country		Zip	Count		8. This corporation has liability f			d to Fees 199.032
	25	29		30			∕os ∐No		
	9. Name and Address o	f Current Regist	ered Agent			10. Name and Address of Nev	v Registered	Agent	
***************************************				٩	1 Name				
WALSH, JOAN 18199 NE 181 ST N MIAMI BCH, FL					2 Street Add	fress (P.O. Box Number is Not Acceptable)			
				ä	3				
33162	DOM, 12				4 City				- 0
							FL	_	p Code
or registere familiar with NATURE	h, and accept the obligations Signature typical or protect have of regions	e of Honder Such of, Section 607.0 sensoagerfacether a	change was authori 505, Florida Statute	zed by the co s O'E Engineerd A	rporation's boa	oration submits this statement for the and of directors. I hereby accept the a	ppointment as	s registered	
or registere familiar with SNATURE	h, and accept the obligations Signature traditional technique of regre OFFIC	e of Horida, Such of, Section 607.0	change was authori 505, Florida Statute	zed by the co s	rporation's boa	ard of directors. Thereby accept the a	ppointment as	s registered	FIS IN 12
or registere familiar with	h, and accept the obligations Signature typical or protect have of regions	e of Honder Such of, Section 607.0 sensoagerfacether a	change was authori 505, Fiorida Statute (math: :/\tau	zed by the co s O'E Registered A	rporation's boa	ard of directors. I hereby accept the a	ppointment as	registered	RS IN 12
or registere familiar with SNATURE E E E	Signature specified or are belowing of regre- OFFIC PO WALSH, JOAN 18199 NE 19TH AVE	e of Horida Such of, Section 607.0 decagnition the care ters and DIRECT	change was authori 505, Fiorida Statute (math: :/\tau	ore Registered A. 13. 1.1 Tife 12 NAM	rporation's boa	ard of directors. I hereby accept the a	ppointment as	registered	RS IN 12
or registere familiar with SNATURE E E E E E E E E E E E E E E E E E E	h, and accept the obligations Signature spector and have of repr OFFIC PO WALSH, JOAN	e of Horida Such of, Section 607.0 decagnition the care ters and DIRECT	Change was authori 505, Florida Statute Fred 1 3. TORS	zed by the costs O'E Fogstered A. 13. 1.1 THE 12 NAM 1.3 STRE 14 CITY	E E EFT ADDRESS -ST-ZIP	ard of directors. I hereby accept the a	ppointment as	D DIRECTO Change	PIS IN 12
or registere familiar with SNATURE E E E E E E E E E E E E E E S I S I S	Signature specified or are belowing of regre- OFFIC PO WALSH, JOAN 18199 NE 19TH AVE	e of Horida Such of, Section 607.0 decagnition the care ters and DIRECT	change was authori 505, Fiorida Statute (math: :/\tau	240 by the colors 13. 1.1 TITE 12 NAM 1.3 STRE 14 City 2.1 Titu	poration's box	ard of directors. I hereby accept the a	ppointment as	registered	PIS IN 12
or registere familiar with snature	Signature specified or are belowing of regre- OFFIC PO WALSH, JOAN 18199 NE 19TH AVE	e of Horida Such of, Section 607.0 decagnition the care ters and DIRECT	Change was authori 505, Florida Statute Fred 1 3. TORS	2016 Fugure of A. 13. 1.1 Title 12 NAM 1.3 STR 14 City 2 1 Title 22 NAM	poration's box	ard of directors. I hereby accept the a	ppointment as	D DIRECTO Change	PIS IN 12 ☐ Additio
or registere familiar with	Signature specified or are belowing of regre- OFFIC PO WALSH, JOAN 18199 NE 19TH AVE	e of Horida Such of, Section 607.0 decagnition the care ters and DIRECT	Change was authori 505, Florida Statute Fred 1 3. TORS	24 by the colors 13. 1.1 Title 12 NAM 1.3 STRI 14 CHY 2.1 Title 22 NAM 23 STRI	poration's box	ard of directors. I hereby accept the a	ppointment as	D DIRECTO Change	PIS IN 12
or registere familiar with snature. F E E E E E E E E E E E E	Signature specified or are belowing of regre- OFFIC PO WALSH, JOAN 18199 NE 19TH AVE	e of Horida Such of, Section 607.0 decagnition the care ters and DIRECT	Change was authori 505, Florida Statute Fred 1 3. TORS	24 by the colors 13. 1.1 Title 12 NAM 1.3 STRI 14 CHY 2.1 Title 22 NAM 2.3 STRI	E E E FT ADDRESS -ST-ZIP E1 ADDRESS -ST-ZIP	ard of directors. I hereby accept the a	EATE FRICERS AND	D DIRECTO Change	FIS IN 12 Addition
F IE EET ADDRESS -ST-ZIP E	Signature specified or are belowing of regre- OFFIC PO WALSH, JOAN 18199 NE 19TH AVE	e of Horida Such of, Section 607.0 decagnition the care ters and DIRECT	Change was authori 505, Florida Statute Profile 3. IORS DELETE	24 CITY 3 NAME 23 NAME 24 CITY 3 NAM	E E E E ET ADDRESS ET ADDRESS -S1-ZIP E E	ard of directors. I hereby accept the a	EATE FRICERS AND	DIRECTO Change	FIS IN 12 Addition
F IE EET ADDRESS -ST-ZIP E IE EET ADDRESS -ST-ZIP E IE EET ADDRESS	Signature specified or are belowing of regre- OFFIC PO WALSH, JOAN 18199 NE 19TH AVE	e of Horida Such of, Section 607.0 decagnition the care ters and DIRECT	Change was authori 505, Florida Statute Profile 3. IORS DELETE	24 City 3 3 STR	E E E E E ET ADDRESS -S1-ZIP E E E EET ADDRESS	ard of directors. I hereby accept the a	EATE FRICERS AND	DIRECTO Change	FAS IN 12 Addition
or registere familiar with sanature E ME EET ADDRESS F-ST-ZIP E ME EET ADDRESS	Signature specified or are belowing of regre- OFFIC PO WALSH, JOAN 18199 NE 19TH AVE	e of Horida Such of, Section 607.0 decagnition the care ters and DIRECT	Change was authori 505, Florida Statute Profile 3. CORS DELETE	24 City 3 3 STR	E E E E ET ADDRESS -S1-ZIP E E EET ADDRESS -S1-ZIP E E ET ADDRESS	ard of directors. I hereby accept the a	DATE FRICERS AND	DIRECTO Change	FIS IN 12 Addition Addition
or registere familiar with sanature E ME BEET ADDRESS 1-ST-ZIP E ME BEET ADDRESS (-ST-ZIP E BEET ADDRESS (-ST-ZIP E BEET ADDRESS (-ST-ZIP BEET BEET ADDRESS (-ST-ZIP BEET BEET ADDRESS (-ST-ZIP BEET BE	Signature specified or are belowing of regre- OFFIC PO WALSH, JOAN 18199 NE 19TH AVE	e of Horida Such of, Section 607.0 decagnition the care ters and DIRECT	Change was authori 505, Florida Statute DELETE DELETE DELETE	24 City 3 STRI 4	E E E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E E ET ADDRESS	ard of directors. I hereby accept the a	DATE FRICERS AND	DIRECTO Change Change	F(S IN 12 Addition
F ADDRESS EET ADDRESS EET ADDRESS EET ADDRESS EST-ZIP EET ADDRESS EST-ZIP E EET ADDRESS EET ADDRESS EET ADDRESS EET ADDRESS EET ADDRESS	Signature specified or are belowing of regre- OFFIC PO WALSH, JOAN 18199 NE 19TH AVE	e of Horida Such of, Section 607.0 decagnition the care ters and DIRECT	Change was authori 505, Florida Statute DELETE DELETE DELETE	2016 Figure 24 A. 13. 1.1 THE 12 NAM 13 STRE 2 1 THE 22 NAM 23 STRE 24 CHY 3 1 THE 32 NAM 33 STR 34 CHY 4 1 THE 42 NAM	E E E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E E ET ADDRESS	ard of directors. I hereby accept the a	DATE FRICERS AND	DIRECTO Change Change	FIS IN 12 Addition Addition
or registere familiar with NATURE E EI ADDRESS -ST-ZIP E EI ADDRESS -ST-ZIP E EI ADDRESS -ST-ZIP E EI ADDRESS -ST-ZIP	Signature specified or are belowing of regre- OFFIC PO WALSH, JOAN 18199 NE 19TH AVE	e of Horida Such of, Section 607.0 decagnition the care ters and DIRECT	Change was authorisos, Florida Statute DELETE DELETE DELETE DELETE	2016 Figure 24 A. 13. 1.1 THE 1.2 NAM 1.3 STRE 2.1 THL 2.2 NAM 2.3 STRE 2.4 CHY 3.1 THL 3.2 NAM 3.3 STR 3.4 CHY 4.1 THL 4.2 NAM 4.3 STRE 4.4 CHY 4.3 STRE 4.4 CHY 4.4 STRE 4.4 CHY 4.4 STRE 4.4 CHY 4.4 STRE 4.4 CHY 4.4 STRE 4.4 CHY	E E E ET ADDRESS -ST-ZIP	ard of directors. I hereby accept the a	ppointment as	D DIRECT O Change Change Change	Addition Addition
or registere familiar with NATURE E	Signature specified or are belowing of regre- OFFIC PO WALSH, JOAN 18199 NE 19TH AVE	e of Horida Such of, Section 607.0 decagnition the care ters and DIRECT	Change was authori 505, Florida Statute DELETE DELETE DELETE	24 CIFY 3 STRI 3 STRI 4 CIFY 3 STRI 3 STRI 4 CIFY 4 CIFY 3 STRI 4 CIFY 4 STRI 4 CIFY 5 TITL 4 CIFY 5 TITL 5	E E E ET ADDRESS -S1-ZIP E E ETT ADDRESS	ard of directors. I hereby accept the a	ppointment as	DIRECTO Change Change	Addition Addition
or registere familiar with NATURE E	Signature specified or are belowing of regre- OFFIC PO WALSH, JOAN 18199 NE 19TH AVE	e of Horida Such of, Section 607.0 decagnition the care ters and DIRECT	Change was authorisos, Florida Statute DELETE DELETE DELETE DELETE	2016 Figure 24 A. 13. 1.1 TIR 1.2 NAM 1.3 STRI 2.1 TIR 2.2 NAM 2.3 STRI 2.4 CIEY 3.1 TIR 4.2 NAM 4.3 STRI 4.2 NAM 4.3 STRI 4.2 NAM 4.3 STRI 4.2 NAM 4.3 STRI 5.1 TIR 5.2 NAM	E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E ET ADDRESS	ard of directors. I hereby accept the a	ppointment as	D DIRECT O Change Change Change	Addition
or registere familiar with NATURE E	Signature specified or are belowing of regre- OFFIC PO WALSH, JOAN 18199 NE 19TH AVE	e of Horida Such of, Section 607.0 decagnition the care ters and DIRECT	Change was authorisos, Florida Statute DELETE DELETE DELETE DELETE	2012 Feasible 24 A. 13. 1.1 THE 12 NAM 1.3 SIRE 14 CITY 2 1 THE 24 CITY 3 1 THE 32 NAM 33 SIRE 34 CITY 4 1 THE 42 NAM 43 SIRE 44 CITY 5 1 THE 52 NAM 53 SIRE 53 SIRE 53 SIRE 54 SIRE 54 SIRE 55 SIRE 55 SIRE 56 SIRE 57 SIRE 58 SIRE	E E E ET ADDRESS -S1-ZIP E E ETT ADDRESS	ard of directors. I hereby accept the a	ppointment as	D DIRECT O Change Change Change	Addition
or registere familiar with shature E E ET ADDRESSST-ZIP E E ET ADDRESSST-ZIP E E ET ADDRESSST-ZIP E E ET ADDRESSST-ZIP E E E E E E E E E E E E E E E E E E E	Signature specified or are belowing of regre- OFFIC PO WALSH, JOAN 18199 NE 19TH AVE	e of Horida Such of, Section 607.0 decagnition the care ters and DIRECT	Change was authorisos, Florida Statute DELETE DELETE DELETE DELETE	2012 Feasible 24 A. 13. 1.1 THE 12 NAM 1.3 SIRE 14 CITY 2 1 THE 24 CITY 3 1 THE 32 NAM 33 SIRE 34 CITY 4 1 THE 42 NAM 43 SIRE 44 CITY 5 1 THE 52 NAM 53 SIRE 53 SIRE 53 SIRE 54 SIRE 54 SIRE 55 SIRE 55 SIRE 56 SIRE 57 SIRE 58 SIRE	E E E ET ADDRESS -S1-ZIP	ard of directors. I hereby accept the a	ppointment as	D DIRECT O Change Change Change	Addition
or registere familiar with NATURE E	Signature specified or are belowing of regre- OFFIC PO WALSH, JOAN 18199 NE 19TH AVE	e of Horida Such of, Section 607.0 descapatabilities a ERS AND DIRECT	Change was authorisos, Florida Statute DELETE DELETE DELETE DELETE DELETE	24 CHY 2 1 THE 2 NAM 2 3 STRE 3 4 CHY 4 1 THE 2 NAM 2 3 STRE 3 4 CHY 4 1 THE 4 2 NAM 4 3 STRE 4 CHY 5 1 THE 5 2 NAM 5 3 STRE 5 4 CHY 5 1 THE 5 2 NAM 5 3 STRE 5 4 CHY 5 1 THE 5 2 NAM 5 3 STRE 5 4 CHY 5 1 THE 5 2 NAM 5 3 STRE 5 4 CHY	E E E ET ADDRESS -S1-ZIP E	ard of directors. I hereby accept the a	ppointment as	DIRECTO DIRECTO Change Change Change Change	Addition
F HE EET ADDRESS (-ST-ZIP) E	Signature specified or are belowing of regre- OFFIC PO WALSH, JOAN 18199 NE 19TH AVE	e of Horida Such of, Section 607.0 descapatabilities a ERS AND DIRECT	Change was authorisos, Florida Statute DELETE DELETE DELETE DELETE DELETE	2016 Figure 24 A. 13. 1.1 THE 12 NAM 13 SIRE 14 CHY 2 1 THE 22 NAM 23 SIRE 24 CHY 3 1 THE 32 NAM 33 SIRE 44 CHY 4 1 THE 42 NAM 43 SIRE 44 CHY 5 1 THE 52 NAM 53 SIRE 54 CHY 6 1 PHE 62 NAM	E E E ET ADDRESS -S1-ZIP E	ard of directors. I hereby accept the a	ppointment as	DIRECTO DIRECTO Change Change Change Change	FIS IN 12 Addition Addition

SIGNATURE: