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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT # **F36624**

(7)

Principal Place of Business P.O. BOX 5403 FT. LAUDERDALE FL 33310-5403 PT. LAUDERDALE FL 33310-5403 PT. LAUDERDALE FL 33310-5403 PT. LAUDERDALE FL 33310-5403						
				Date Incorporated or Cualified	ed 3a. Date of Last Report	
				05/29/1981	05/01/1995	
. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	<u> </u>	Applied For
l mopar is		26		59-2098684		Not Applicable
Suite, Apt. #,	etc.	Suite Apt. #, etc		5. Certificate of Status Desired		75 Additional e Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	1 1	.00 May Be ded to Fees
Zip	Country	Ζφ	Gountry 30	This corporation has liability for in Florida Statutes		s 199.032,
· · ·	25 9. Name and Address of Curre	nt Registered Agent	30	10. Name and Address of New R		
3RD FLO	UNRISE BLVD.		83	ess (P.O. Box Number is Not Acceptab	los l	Zip Code
FI. DOD	ENDALE I E 30004		84 City		FL ⁶³	Zip Code
12.	OFFICERS AT PD LEVAN, ALAN B	ND DIRECTORS	13. 1 TITLE 1 2 NAME	ADDITIONS CHANGES TO OFF	ICERS AND DIREC	
AME SPECA TEERT	1750 E. SUNRISE BLVD., 3R	D FLOOR	1.3 STREET ADDRESS			
ITY - ST - ZIP	FT. LAUDERDALE FL VDS	DELETE	14 CITY+ST-ZIP 2 1 TIT\E		Char	ge Addition
TLE	GILBERT, GLEN R.	LJ beens	2 2 NAME			
REET ADDRESS	1750 E. SUNRISE BLVD., 3P	ID FLOOR	2.3 STREET ADDRESS			
TY-ST-ZIP	FT.LAUDERDALE FL		2 4 CITY - S1 - ZIP			
LE LE	11.01000101-01-01	☐ DELETE	3 1 TITLE		☐ Char	ge 🔲 Addition
IME			3.2 NAME			
REET ADDRESS			3.3 STREET ADDRESS			
TY - ST - ZIP		F3 po Fre	3.4 CITY - \$1 - 21P		Char	ige Addition
TLE		☐ DELETE	4 1 TITLE		[] O.I.	
AME .			4.2 NAME 4.3 STHEET ADDRESS			
TREET ADDRESS			4.3 SIMEET ADDRESS 4.4 CITY-ST-7-P			
TY - ST - ZIP TLE		☐ DECETE	5 11016		☐ Cha	nge 🔲 Addition
AME		<u></u>	5.2 NAME			
TREET ADORESS			5.3 STREET ADDRESS			
TY-ST-ZIP			5 4 CHY-ST-ZIF			
TLE		☐ DELE11	6 1 THLE		☐ Cha	nge 🔲 Addition
A M E			6.2 NAME			
TREET ADDRESS			6.3 STREET ADDRESS			
OUTV OT 74D			6 4 CITY - ST - ZIP			
certify that		mual report or supplemental all pocation or the receiver or trus	nnuai report is true and accor stee empowered to execute t	for the exemption stated in Section 119 rate and that my signature shall have the his report as required by Chapter 607, F		

SIGNATURE:

GLEN R. GILBERT

4/24/96 954.765.5200