| PROFIT CORPORATION ANNUAL REPORT 1996 | | Sandra B. I Secretary | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State 3. O DIVISION OF CORPORATIONS | | | | | |
|--|--|---|---|-------------------------------------|---|----------------------------------|------------------------------|--------------------------------|
| OCUME | ENT # F4414 9 | (5) | - | | | | | |
| Corporation Nan | me Ransfer Service, Inc. | - - | | | | | | 14 6 15-1 **** |
| DINECT II | HOROLEH GEHANCE HAO | - | | | | | | |
| round bloom of P | Rusiness | Mailing Address | | | { | (8) (1) (1) (1) | | u) vit)i is6 i |
| ncipal Place of B 568 NW 1ST AVE | | 1566 NW 1ST AVE | | | | | | |
| 566 NW 151 AVE OCA RATON FL | | BOCA RATON FL 33432 | | | | 3a. Date o | I not Dec | <u></u> |
| | | | | | 3. Date Incorporated or Qualified 09/10/1981 | | 1 Last Hep)3/1995 | |
| Diagraph Class | of Business | 2a. Malling Address | | | 4. FEI Number | , | Ap | oplied For |
| Principal Place of Business | | 26 | | | 59-2215498 | | \$8.75 / | ot Applicable |
| Suite, Apt. #. etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | Fee Re | equired |
| Oity & State | , <u>, , , , , , , , , , , , , , , , , , </u> | City & State | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added | May Be to Fees |
| | Country | | Coun | try | 8. This corporation has liability for i | intangible tax | | |
| | 25 | 29 | 30 | | Florida Statutes Yes 10. Name and Address of New R | i ∐ No | | |
| <u>.</u> | 9. Name and Address of Curren | nt Registered Agent | | 81 Name | TO, Maine and Address of New F | - Pareners | <u></u> | |
| 741141 | A LOUBE A | | L | * } | ress (P.O. Box Number is Not Acceptat | yle) | | |
| ZAVALETTA 1548 NW 1 | m, LOUIS M IST AVE | | Ĺ | | | | | |
| BOCA RAT | | | ĺ | 83 | | | 10-1- | Code |
| | | | | 84 City | - | FL | | Code |
| Pursuant to to or registered familiar with | the previsions of Sections 607,0503 agent, or both, in the State of Flori and accept the obligations of, Sec | 2 and 607.1508, Florida Statutes ida: Such change was authorized tion 607.0505, Florida Statutes. | s, the about | ve-named corpo- orporation's boa | ration submits this statement for the pu ard of directors. I hereby accept the app | urpose of chai pointment as i | nging its re registered | egistered offic agent. I am |
| BNATURE . | produce, typeol or punited name of registered agen | 7 di O D * 11 di quanti | | Agent signature require | ed when reinstating) ADDITIONS/CHANGES TO OF | DATE FICERS AND | DIRECTO | RS IN 12 |
| · | OFFICERS AN | ND DIRECTORS | 13. | TLE | ADDITIONS/CHANGES TO UF | | Change | Addition |
| f | V Zavaletta, Carolyn R. | [] pecete | 1.2 NA | | | | | |
| EET ADDRESS | 1566 N.W.1ST AVE. | | | THEET ADDRESS | | | | |
| - Si - ZIP | BOCA RATON, FL 00000 | DELETE | 14 Ci | ITY - S1 - ZIP | | |] Change | Addition |
| | DP Zavaletta, Louis A. | □ oftre | 2 1 1 ² | ĭ | | _ | | |
| ME SET ADDRESS | 1566 N.W. 1ST AVE. | | | TREET ADDRESS | | | | |
| Y-St-7iP | BOCA RATON, FL 00000 | | | HTY-ST-ZIP | | Г | Change | Addition |
| ı | - | DELETE | 3 1 I 3 2 N | | | L | | |
| ME | | | 32 N 33 S | IAME STREET ADDRESS | | | | |
| H LADDRESS Y ST-ZIP | | | | CITY-ST-ZIP | | | 7 6 | FT 42200 |
| Y <u>\$1-7</u> IP LF | | ☐ DELETE | 4 1 | TITLE | • | i | Change | Addition |
| ME | | | | NAME | | | | |
| REET ADDRESS | | | | STHEET ADDRESS CITY - ST-ZIP | | | | |
| ir-SLZ0° | | DELETE | | TITLE | | | Change | Addition |
| INT SME | | - | | NAME | | | | |
| RELLADORESS | | | | STREET ADDRESS | | | | |
| UY - \$1 - ZIF | | F3 Sec. CV | | CITY - S1 - ZIP | | | ☐ Change | ☐ Additio |
| TLF. | | DELETE | | TIPLE NAME | | | • | _ |
| AME | ļ | | | STREET ADDRESS | | | | |

64 CITY-S1-ZIP

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify 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 certify that I am an officer or director of the corporation or the receiver or trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

Daytine Priore

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