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| PROFIT CORPORATION ANNUAL REPORT 1996 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| CUMENT # | F50571 | (1) | |

| ANNL | PORATION JAL REPORT 1996 | | Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | | | |
|---|--|--|---|--|--------------------------------------|---|--|---|
| 1. Corporation | MENT # F . R CORPORATION, | 50571 INC. | (1) | | | (488 /88 1/81 4 1/82 8 1/81 8 1/81 | ā (41 8) ā (1 11) ā (1 11) a (1 11) | E(S)) Blūt: Ājāji ang: |
| Principal Place 2581 S.W. 1 DAVIE FL 33 | 12 AVENUE | 25 | Mailing Address 2581 S.W. 112 AVENUE DAVIE FL 33325 | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 10/21/1981 | 3a. Date of Las 04/14/ | |
| 2. Principal Pla 21 | ace of Business | 2a. № 26 | ailing Address | | | 4. FFI Number 59-2150937 | | Applied For |
| Suite, Apt. # | , etc. | · | uite, Apt. #, etc. | | | 5. Certificate of Status Desired | | Not Applicable 75 Additional |
| City & State | l | and the second second second second second | ty & State | | | Election Campaign Financing Trust Fund Contribution | ┌ \$5 | ee Required •00 May Be |
| Zip: | Country 25 | Z) | · | Country 30 | | 8. This corporation has liability for | intangible tax under | lded to Fees r.s. 199,032, |
| | 9. Name and Address | | ed Agent | 30] | | Florida Statutes Yes 10. Name and Address of New R | No legistered Agent | |
| CORAL 11. Pursuant to | W. 37 AVENUE, SUITE GABLES FL 33133 to the provisions of Sections ed agent, or both, in the Stin, and accept the obligation | : 607 0502 and 807 1 | 508, Florida Statutes, ango was authorized 5, Florida Statutes. | 83 84 the above n | City amed corpor ration's boar | ation submits this statement for the pur of of directors. I hereby accept the appo | <u> </u> | Zip Code is registered office red agent. I am |
| | Signature, typed or printed name of n | | | Registered Agent | signature required | d when reinstating | DAT: | |
| 12. TITLE NAME STHEET ADDRESS | SDT BERGOUIGNAN, JU 2501 S.E. 17 AVEN | | FIS [] DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET | ADORESS | ADDITIONS/CHANGES TO OFF | CERS AND DIREC Chang | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | MIAMI FL PD BERGOUIGNAN, BIE 3685 SW 26 ST | ENVENIDO | [] DELETE | 1.4 CHY-ST ? 1 TITE 2 2 NAME 2 3 STREET | | | Chang | e Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | MIAMI, FL 00000 TD BERG9OUIGNAN, J 2484 S.W. 24 TERR MIAMI FL | | [] DELETE. | 2.4 CHY-ST 3.1 THLE 3.2 NAME 3.3 STREET | ADDRESS | | Chang | e Addilion |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | | | [] DEFEIE | 3.4 CHY-ST 4.1 THLE 4.2 NAME 4.3 STREET A 4.4 CHY-ST | DDRESS | | Changi | e Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | []] DELEJE | 5.1 TITLE 5.2 NAME 5.3 STREET A 5.4 CITY-ST | DORESS | | ☐ Change | e 🔲 Addition |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP | | | □ Drièle | 6 1 TITLE 62 NAME 63 STREET A | DDRESS | | ☐ Change | e [] Addition |

6.4 Crty-St-ZiP

14. I 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)(x), 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 it am an officer or directly of the Origination or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of Statutes and that my name and does.

SIGNATURE:

SIGNATURE:

Bignature for type of Printip Name Signing Officer on Director.

Date

Date

Date

Date

Date

CR2E034 (12/95)