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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

•	1996	DIVISION C	DE CORPORATIONS		
DOCUM 1. Corporation	MENT # F55	i445 (3)			
	IFORMATION COMPA	NY		14801188 1481 8141 8141 8141 8141	
Principal Place	of Bueinoce	Mailing Address			
Principal Place of Business 6204 WHITE OAK LANE		· ·	6204 WHITE OAK LANE		
FT LAUDERDALE FL 33319		FT LAUDERDALE FL 33319			
US		US		3. Date incorporated or Qualified	3a. Date of East Report
				11/20/1981	02/13/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2141803	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required  \$5.00 May Be
<b>23</b> Zip	Country	28		Trust Fund Contribution	Added to Fees
24]	Country 25	Ζ <sub>Ι</sub> ρ <b>29</b>	Country 30	8. This corporation has liability for Florida Statutes Yes	intang-ble tax under s 199.032,
	g. Name and Address of	Current Registered Agent	81 Name	10. Name and Address of New F	legistered Agent
VORON,	LOIS				TO THE MAN AND THE STATE OF THE
6204 WHITE OAK LANE			82 Street Addr	ress (P.O. Bex Number is Not Acceptab	ole)
TAMARA	C FL 33319		83		****
			84 City	P. C.	85 Zip Code
11 Pursuant to	a the provisions of Sections 60	17 0500 and 607 1508 Florida State	the the above named correct	when a dispite this attitude out for the pure	FL     '
or registers	ed agent, or both, in the State	of Florida. Such change was author of Section 607.0505, Florida Statute	ized by the corporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the appi	pose or changing its registered brice bintment as registered agent. I am
SIGNATURE	n, and accept the bengations c	or, Section Cor. Coops, 1 longa Station	75.		
	Signature i typed or printed name of registe		NOTE. Registered Agent signatus, require		DATE
12. TITLE	OFFICE	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12  Change Addition
NAMÉ	VORON, LOIS		1.2 NAME		Li Change Li Abareon
STREET ADDRESS	6204 WHITE OAK LAN	E	13 STREET ADDRESS		
C(1) Y - \$1 - Z(P)	TAMARAC FL		14 CITY-ST-ZIP		
TITLE		☐ DETEIE	2 1 TITLE		Change Addition
NAME STREET ADDRESS			2.2 NAME		
CITY-ST-ZIP			2 3 STREET ADDRESS 2 4 CHY - SI - ZIP		
TITLE.		DELFTE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
C+TY - ST - 7+P T TLE		☐ DELETE	3 4 CITY - ST - ZIP		Charge C Marin
NAME		ل المسار	4 1 TITLE a 42 NAME		Change Addition
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1 - ZIP		
TITLE		☐ DELETE	5 * TITLE		Change Addition
NAME .			5.2 NAME		
STREET ADDRESS CITY+S1-ZIP			5.3 STREET ADDRESS		
TilleE		DELETE	5.4 CTY-ST-ZIP 6.1 T.TLE		Change Addition
NAME		—	6.2 NAME		_ • •
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-7IP	contifue that the information	onlind with this floor in the state	6 4 CITY - ST - ZIP		07/04) 14
certify that !	the information indicated on th	is annual report or supplemental an	nual report is true and accura	or the exemption stated in Section 119. te and that my signature shall have the	same legal offect as if made under
oam; that I appears in I	am an onicer or director of the Block 12 or Block 13 if change	corporation or the receiver or trust of or on an attachment with an add	ee empowered to execute this dress	s report as required by Chapter 607, Flo	onda Statutes; and that my name
CICLIATI	upe. (/ X	us Voron		8/12/06	001-10-1-000
SIGNATI	SIGNATURE AND	YPED OR PRINTED NAME OF SIGNING OFFIC	CER OR DIRECTOR	119/12	7 7 7 7 7 7 7 7 9 7 6 7 6 9