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

| 1 | a | a | R |
|---|---|---|---|
| | J | J | u |

DOCUMENT # F9200000717 (0)

| RORFRY | Δ | ROSENSWEIG | MD | PC | |
|--------|---|------------|----|----|--|

| NODLI | II A. NC | JENSTYEIG WID., | r.U. | | | | | | | | | |
|---|---|---|---|---|----------------------------|---------------|------------|-------------------------------|---|---|--------------------------------|---------------------------------------|
| Principa! Place | of Busines | s | Ma | ailing Address | | | | | - 1 108/400 FIFE 101/0 1/0/1 #\$/(I) 00 | IN UUNII UUIII U | .0111 00111 10 | JOOT MOTE FORE PART |
| 13056 LA MI WEST PALM | | | | 13056 LA MIRADA CIF West Palm Beach F | | 4 | | | | | | _ |
| | | | | | | | | | Date Incorporated or Qualified 12/16/1992 | | te of Last)3/16/1 ! | |
| 2. Principal Pl | ace of Busin | ness | | Mailing Address | | | | | 4. FEI Number | | | Applied For |
| 21 | | | 26 | | | | | | 23-2182247 | | | Not Applicable |
| Suite, Apt. | | | 27 | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | D | | 75 Additional e Required |
| City & State | ė | | - | Crty & State | | | | | 6. Election Campaign Financing | | | .00 May Be |
| Zip | | Country | 28 | 7in | | Country | | | Trust Fund Contribution | | | ded to Fees |
| 24 | | 25 | 29 | Zip | 30 | Country | | | 8. This corporation has liability for Florida Statutes | r intangible : is [] No | tax under | s 199.032, |
| | 9 Name | e and Address of Curre | | tered Agent | 1301 | T | _ | | 10. Name and Address of New | | Agent | |
| | | | | | | 81 | ı | Name | 10. // | 11091010100 | rigoni | |
| DOSENS | SWEIG, RO | NEEDT A | | | | | L | | | | | |
| | A MIRADA | | | | | 82 | , | Street Addres | ss (P.O. Box Number is Not Accepta | ibie) | | |
| | | CH FL 33414 | | | | 83 | - | | | | | |
| 111011 | ACM DEA | DIT I L 334 14 | | | | | L | | | | | |
| | | | | | | 84 | (| City | | | 85 | Zip Code |
| 11. Pursuant t or register familiar wit | to the provised agent, or th, and acce | sions of Sections 607.050 r both, in the State of Flo ept the obligations of, Sec | n2 and 602 rida. Such otion 607.0 | 7.1508, Florida Statut change was authoriz 0505, Florida Statutes | tes, the zed by t s. | above-r | nar ora | med corporat ation's board | tion submits this statement for the p of directors. I hereby accept the ap | urpose of ch pointment a | nanging its s registeri | s registered office ed agent. I am |
| SIGNATURE . | Sonature have | or printed name of registered age | et ead title if | no inchia | OTE: Desir | | | | | | | |
| 12. | 3-grattre, type, | OFFICERS A | | | | 13. | il Si | ignature reckired v | ADDITIONS/CHANGES TO OF | DATE | D DIDECT | FORCIN 12 |
| TITLE | CP | | 10 011100 | DELETE | | 1. 1 TITLE | | | ADDITIONO/GITANGES TO GI | | Change | |
| NAME | | ISWEIG, ROBERT A | | | | 1.2 NAME | | | | | | |
| STREET ADDRESS | | LA MIRADA CIRCLE | | | | 1.3 STREET | ΔD |)DBESS | | | | |
| CrTY-ST-ZiP | | PALM BEACH FL 334 | 14 | | - 1 | 1.4 CITY - S | | 1 | | | | |
| TETLE | VCS | | | DELETE | | 2. 1 TITLE | | - | | | Change | e |
| NAME | | ISWEIG, NADINE F | | _ | | 2.2 NAME | | | | | | - |
| STREET ADDRESS | | LA MIRADA CIRCLE | | | | 2.3 STREET | AD: |)DRESS | | | | |
| CITY-ST-ZIP | | PALM BEACH FL 334 | 14 | | | 2 4 CITY-S | | | | | | |
| TITLE | | | ····· | ☐ DELETE | | 3. 1 TITLE | _ | | | | Change | e 🔲 Addition |
| NAME | | | | _ | | 3.2 NAME | | | | | | _ |
| STREET ADDRESS | | | | | | 3.3. STREET | AC | DORESS | | | | |
| CITY-ST-ZIP | | | | | | 34 CITY - S | | | | | | |
| TITLE | | | | ☐ DELETE | | 4 1 TITLE | | | | | Change | e |
| NAME | | | | | | 4 2 NAME | | | | | | _ |
| STREET ADDRESS | | | | | | 4 3 STREET | ADI | DAESS | | | | |
| CITY-ST-ZIP | | | | | | 4.4 CITY - S | | 1 | | | | |
| TITLE | | | | ☐ DELETE | | 5 1 TITLE | | | | | Change | e 🔲 Addition |
| NAME | | | | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | | | | 5.3 STREET | ΑĐ | DRESS | | | | |
| C+TY+ST-Z+P | | | | | | 5.4 CITY - ST | T - Z | ZIP | | | | , |
| TITLE | | | | ☐ DELETE | | 6 1 TITLE | | | | • | ☐ Change | e 🔲 Addition |
| NAME | | | | | 6 | 6.2 NAME | | | | | | i |
| STREET ADDRESS | | | | | 6 | 6.3 STREET. | ADI | ORESS | | | | ſ |
| C(TV - \$1 - 7)P | ! | | | | | CAPITY CI | | an | | | | |

14. I do hereby cert fy 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE: __

TYPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

/21/96 305 475 9555

CR2E034 (12/95