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

PROFIT CORPORATION ANNUAL REPORT



FLOHIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT #
1. Corporation Name

G12714

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Principal Place	of Business	Mailing Address	<u></u>				
% GEORGE J. RANDOL 750 EAST MCNAB RD POMPANO BEACH FL 33060		% George J. Rand 750 East McNab Ri Pompano Beach F	D				
				 Date Incorporated or Qualified 12/10/1982 	3a. Date of Last Report 04/18/1995		
2. Prinopal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2238713	Applied For Not Applicable		
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27			Fee Required		
City & State	•	City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Zip	Country	Zip	Country	8. This corporation has liability for			
24	25	29	30	Florida Statutes Yes	s □No		
	g. Name and Address of Cur	rent Registered Agent		10. Name and Address of New I	Registered Agent		
			81 Name	9			
	OL, GEORGE J.		82 Stree	t Address (P.Ö. Box Number is Not Acceptal	ole)		
	AST MCNAB RD ANO BEACH FL 33060		83	11978 1985 Ab. 1 Mil.			
1 01111 7	ANO BENOTITE GOOD						
			84 City		FL 85 Zip Code		
SIGNATURE _	h, and accept the obligations of, S	gentand block applicates (NO	lt. Prigistered Agant signaturi		DATE		
12.	P-77-2	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12		
FILLE	PD RANDOL, GEORGE J JR	☐ DELETE	1 1 TITLE		Change Addition		
NAME GLOCAL ADODESCS	750 EAST MCNAB ROAL		. 12 NAME				
STREET ADDRESS CITY-ST-ZIP	POMPANO BEACH, FL 6		1.3 STREET ADDRESS	·			
TITLE	TOMI AND DEADIN, 1 E	DELETE	1.4 C-TY-ST-ZIP 2 1 TITLE		Change Addition		
NAME		leanel	2 2 NAME				
STREET ADDRESS			2.3 STREET ADORESS				
CITY - ST - ZIP			24 City-St ZiP				
THLE		☐ DELETÉ	3 1 TITLE		Change Addition		
NAME			3.2 NAVE				
STREET ADDRESS			3.3. STREET ADDRESS	3			
CITY - ST - ZIP			3.4 CITY - ST - ZIP				
THILF		DELETE	4 1 TITLE		Change Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - 7:P		FT DILETA	4 4 CITY-ST-ZIP				
TITLE		DELETE	5 1 11/1.6		☐ Change ☐ Addition		
NAME STREET ADDRESS			5 2 NAME				
C TY - ST - ZiP			5.3 STREET ACORESS				
TITLE		DELETE	6 1 TITLE		☐ Change ☐ Addition		
NAME		<u></u>			□ 2		
STREET ADDRESS							
CITY-ST-ZIP							
SPREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that oath; that I	the information indicated on this a	innual report or supplemental annu orporation or the receiver or trustee	ial report is true and a eenipowered to exec	ialify for the exemption stated in Section 119 securate and that my signature shall have the ute this report as required by Chapter 607, Fi	same local effect as if made under		

SIGNATURE:

NATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

mused 2/14/96

954941-2-04

CR2E034 (12/95)