SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

G26681

(8)

N. BANNOURA, P.A.									
Principal Place of Business	Mailing Address					F OLIDA JOHOT HOA			OFF DIDII ID a i
ONE SOUTH OCEAN BLVD	ONE SOUTH OCEAN BY	LD							
-860 BOCA RATON FL 33432	220 DOCA DATON EL 00400								
US	BOCA RATON FL 33432 US			3. Date Incorporated or Qualified 3a, Date of Last Repor 03/07/1983 08/10/1995					
2. Principal Place of Business	2a. Mailing Address			·	4. FEI Number		1		Applied For
21	26				59-2270154				ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc				5. Certificate of Status I	Desired	П		Additional
22 312 City & State	27 212 City & State								Required
23	28				6. Election Campaign F Trust Fund Contributi	_			D May Be I to Fees
Zip Country	Zip	Co	untry		8. This corporation has		tangible ta		-
24 25	29	30			Florida Statutes		Yes 🔲	No	u 700.00 <u>1</u>
9. Name and Address of Current	Registered Agent				10. Name and Address	of New Reg	stered A	jent	
BANNOURA, NORMA			81	Name					
ONE SUTH OCEAN BLVD			82	Street Addr	ress (P.O. Box Number is No	ot Acceptable	:)		
320					<u> </u>		<u> </u>		
BOCA RATON FL 33432			83						
			84	City			<u> </u>	85 Zij	Code
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es. the al	bove-	named corpo	oration submits this stateme	nt for the pur	FL pose of ch	anging i	ts registered
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both in the State of agent. I am familiar with, and accept the obligate 	f Florida. Such change was a ons of, Section 607,0505, Flo	iuthorized orida Stal	d by t Lutes	the corporation	on's board of directors. Ther	eby accept t	he appoin	Iment as	regrate ed
SIGNATURE						eby accept t		Iment as	regrate ea
Signature typed or printed name of registered agent	and their applicable (NO)	TE Registere	ed Ager		red when re-nstating)		DATE		
SIGNATURE Signature typed or printed name of registered agent 12. OFFICERS AND IIILE DP	and their applicable (NO)		ed Ager				DATE		RS IN 12
SIGNATURE Signature is paid or printed name of registered agent 12. OFFICERS AND IIILE DP BANNOURA, NORMA	and http://applicable/ (NO) DIRECTORS	TE Ragistere 13.	ed Ager		red when re-nstating)		DATE	DIRECTO	RS IN 12
SIGNATURE Signature typed or printed name of registered agent 12. OFFICERS AND TITLE DP BANNOURA, NORMA STREET ADDRESS 4130 N W 10TH ST	and http://applicable/ (NO) DIRECTORS	13.	ed Ager TITLE NAME		red when re-nstating)		DATE	DIRECTO	RS IN 12
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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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

N. BANNOURA 7/29/96 561-354-5455
PRES DAMES DAMES PROPERTY