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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

| ~~~!! | 1996 | | | IONS | | | | |
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| . Corporation | | 4 (2) | | | | | | |
| GUSSA | ACK CORP. | | | | | | ANDIN AND IN BURNE | |
| incipal Place | of Business | Mailing Address | | · | | | | |
| % HENRY GUSSACK 1801 SOUTH FLAGLER DR. APT 1010 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 | | | | | | | | |
| WEST PALM | BEACH FL 33401 | WEST PALM BEACH F | FL 33401 | | 3. Date Incorporated or Qualified 03/28/1983 | | of Last Re 01/17/199 | |
| Principal Pla | ace of Business | 2a. Mailing Address | | | 4. FEI Number 59-2283487 | | <u> </u> | pplied For |
| Suite, Apt. 4 | # etc | Suite, Apt. #, etc | | | 3972203407 | | | lot Applicabl |
| Control of the o | , 000. | 27 | | | 5. Certificate of Status Desired | | | Additional lequired |
| City & State | · · · · · · · · · · · · · · · · · · · | City & State | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 | May Be |
| Z(3) | Country | Zip | Countr | ry | 8. This corporation has liability for | r intanoio s | · · · · · · · · · · · · · · · · · · · | to Fees 199 032 |
| | 25 | 29 | 30 | | | s 🗹 No | | , |
| | 9. Name and Address of Current | Registered Agent | | .1 | 10. Name and Address of New | Registere | d Agent | |
| CHECA | OF HENDY | | 8 | 1 Name | | | | |
| | CK, HENRY Flagler dr | | 8 | 2 Street Add | dress (P.O. Box Number is Not Accepta | ible) | | |
| APT. 10 | | | 8: | 3 | | | | |
| | ALM BEACH FL 33401 | | | <u> </u> | | | | |
| | | | B- | 4 City | | F | 85 Zip | Code |
| or register familiar wit IGNATURE | to the provisions of Sections 607.0502 and agent, or both, in the State of Floridati, and accept the obligations of, Section 10.15 and accept the obligations of Section 10.15 and accept the forms of registered agent a | a. Such change was authoriz in 607.0505, Florida Statutes | zed by the cor s. | poration's boa | ard of directors. I hereby accept the ap | pointment | as registered | agent. I am |
| <u> </u> | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OF | | | RS IN 12 |
| 'LF | DP OLIGOROW HIGHIDA | | | | | LICERS V | ND DIRECTO | IO R T IZ. |
| ME | | □ DELETE | 1.1100 | E | | FICERS A | ND DIRECTOR | Addition |
| | GUSSACK, HENRY | □ DEFELE | 1.2 NAM | E | | FIGERS A | | · · · · · · · · · · · · · · · · · · · |
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certify that the information indicated on this armulal 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 complation 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 changely, or an attachment with an address HENDY GUSTACK

467 83 24377