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CORPORATION ' ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # G34958

(0)

1. Corporation Name

Principal Place of Business	Mailing Address
1920 PALM BEACH LAKES BLVD. #202	1920 PALM BEACH LAKES BLVD. #202
WEST PALM BEACH FL 33409-3546	West Palm Beach FL 33409-3546

INIX ALEM		

		T		04/20/1983	<ol> <li>Date of Last Report 08/09/1995</li> </ol>
2. Principal Pla		2a. Mailing Address	arata Wass	4. FEI Number	Applied For
21 5841 ( Suite Apt. #	Corporate Way	26 5841 Corpo	orace way	59-2287184	Not Applicable
⊐ ''	•	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2 Suite City & State		27 Suite 100 City & State			Fee Required
¬ `		<b>ŀ</b> ¬ ΄	2b 57	6. Efection Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be
Zp Zp	Palm Beach, FL Country	28   West Palm   Zip	Country	Trust raind Contribution —	Added to Fees
<b>a</b>	Do Dollar Booch	29 33407	30 Palm Beach	<b>8.</b> This corporation has liability for intan  Florida Statutes ☐ Yes ☐	
3340	9. Name and Address of Current		1001	10. Name and Address of New Regis	
			81 Name		
WILSON.	, N. GRIFFIN		82 Street Addn	ess (P.O. Box Number is Not Acceptable)	
	LM BEACH LKS BLVD., #202			ess (P.O. Box Number is Not Acceptable)  Corporate Way	
	ALM BEACH FL 33409		83	· · · · · · · · · · · · · · · · · · ·	
,			Suite	100	
			84 City	Palm Beach	FL   85   Zip Code 33407
or registere	ed agent, or both, in the State of Florid.  h. and accept the obligations of, Section	r Such change was authoriz	ed by the corporation's boar	ation submits this statement for the purpose d of directors. Thereby accept the appointing	e of changing its registered onlinent as registered agent. I am
SIGNATURE					
2.	Signature hypodici printertina ile of regione tilegiona OFFICERS AND		3E. Rogistary I Agent suprat no required  13.	ADDITIONS/CHANGES TO OFFICEE	DATE
rle	PST OF HOLING AND	DELETE	1 1 TITLE	ADDITIONS CHANGES TO OFFICE.F	Charge Addition
	101				
AME	WILSON N GRIEFIN		1.2.1/0145		
	WILSON, N. GRIFFIN	vn	1.2 NAME		
TREEL ADDRESS	1920 PALM BEACH LAKES BL	VD	1.3 STREET ADDRESS		
TREET ADDRESS	1920 PALM BEACH LAKES BL. W. PALM BEACH FL 33409		1.3 STREET ADDRESS 1.4 City - St - ZiP		
TREE) ADDRESS  ITY-ST-ZIP  ITLE	1920 PALM BEACH LAKES BL W. PALM BEACH FL 33409 ST	<b>VD</b> DELFTE	1 3 STREET ADDRESS 1 4 CHY-ST-ZIP 2 1 TILLE		
TREET ADDRESS  UTY-ST-ZIP  UTLE  AME	1920 PALM BEACH LAKES BL W. PALM BEACH FL 33409 ST WALDRON, THOMAS S.	DELFTE	1 3 STREET ADDRESS 1 4 CHY+ST-ZIP 2 1 THE 22 NAME		
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I do hereby certify 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 arminal 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 or made and the properties of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE:

SGNATURE AND TYPED OF REMETED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

407-689-4488