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

CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

]	1996	DIVIS	ION OF CORPO	RATIC	ONS				
DOCUN 1. Corporation		i31 (7)						
	G. CARMEL, D.P.M., P	'.A.				E PRETITI BERT BITER BUTE BATER	BI NAN ANDIK AKI	<u> </u>	8)88 818 8 1881
The state of the s									
rincipal Place o		· ·	Mailing Address						
420 LINCOLN RD STE 2C			420 LINCOLN RD STE 2C						
MIAMI BCH FI	. 3313 9	MIAMI BCH FL	33139			5 001 1 2 2 2 2 2 2 2 2	las Da	414 5	
US		US	US			3. Date Incorporated or Qualified 08/02/1983		ate of Last Report 01/30/1995	
Principal Pla	ce of Business	F-7	2a. Mailing Address			4. FEI Number 59-2311527			Applied For
Suite, Apt. #	eti:	Suite Apt #	Suite, Apt. #, etc.						Not Applicable Additional
20001747	, 5.0	27				5. Certificate of Status Desired			Required
City & State		City & State	the management of the control of the			6. Election Campaign Financing			O May Be
Z _I p	Country	28	т-а	ountry		Trust Fund Contribution			d to Fees
- 17-	25	29	30	our iti y		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
-	9. Name and Address of Cur			<u></u>		10. Name and Address of New	Registered	Agent	
				81	Name				
	MAN, LESLIE H.				Street Add	ress (P.O. Box Number is Not Accepta	ible)		
SUITE 48	llywood blvd 158			83					
	00D FL 33021				,				
			84				FL	85 Zış	p Code
= familiar witt GNATURE _	n, and accept the obligations of, S quarter by the price come of regree dia	Section 607.0505, Florida	Statutes.			ration submits this statement for the pird of directors. I hereby accept the ap	DATE		
:.	OFFICE RS	AND DIRECTORS	13		o grantet raque i	ADDITIONS/CHANGES TO OF		DIRECTO	PRS IN 12
LF	DPS	DELI	ETE 1 1	1 TITLE				Change	Addition
MI	CARMEL, JERALD G 4001 N. 43RD AVE.			NAME					
REFEADORESS Y ST ZIE	HOLLYWOOD FL				ADDRESS				
[S		DE:		CITY-S 1 TITLE	il - Zir			Change	Addition
ME			22	NAME				_	_
RELLADORESS			23	STREET	ADDRESS				
Y-\$1-20F		ET DE		CITY - S	I - 71P			Channe	- Addition
uf Mi		[] DEG		NAME				☐ Change	☐ Addition
REFEADURESS					T ADDRESS				
¥ 51-7IP			3 4	CITY - S	ST-ZIP				
LE .		DELI	ETE 4, 1	1 TITLE				☐ Change	☐ Addition
Vs				NAME					
GELLADORESS					ADDRESS				
¥ SL ZiP LE		☐ DEU		CITY - S 1 TITLE	51-ZIF			☐ Change	☐ Addition
Mt.		_	5.2	NAME				, -	
REF LADDRESS			5 3	STREET	ADDRESS				
Y ST-ZP				CITY - S	ST-ZIP				
LF re:		DEI.		1 TITLE				☐ Change	☐ Addit∙on
MELL'ADDRESS				NAME STREET	ADDRESS				
Tristing				CHTY-S					
4. I do Licreby	certify that the information supplied	ied with this filing is volunt	arily furnished an	d doe	s not qualify	for the exemption stated in Section 11	9.07(3)(k), FI	orida Statul	tes. I further
oath; that l appears in	arti an officer or director of the co Book 12 or Block 13 if diagnot,	or on an attachment with	or trustee empoy an address.	vered t	to execute th	ate and that my signature shall have th is report as required by Chapter 607, I	e same rega Florida Statu	tes; and tha	at my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96 302-977-789P