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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUM 1. Corporation I HEM EN		<u> </u>		 	8 8 8 8 8 8 8 8 8 8					
Principal Place of	of Business	Mailing Address								
621 NW 53RD ST STE 360		621 NW 53RD STREET	•							
BOCA RATON	FL 33487	BOCA RATON FL 3348	7			3. Date Incorporated or Qualified	3a, Dat	e of Last R	eport	1
US		US				02/03/1984		4/11/199		
2. Principa' Plac	e of Business	2a. Mailing Address	· **1			4. FEI Number			Applied For	
21 Suite, Apt. #,	etc	Suite Ant # etc	26 Suite, Apt. #, etc			59-2367160			Not Applicable	3
Sone, Agr. #, etc.		27	n in the second of the second			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State		,		Election Campaign Financing Trust Fund Contribution	1 1		00 May Be ed to Fees	
Zip Country 24 25		7(p	Gour 30	ountry		8. This corporation has liability or i Florida Statutes Yes	ntangible t	ax under s	199.032,	
	9. Name and Address of Currer	nt Registered Agent		المحادث		10. Name and Address of New R	egistered	Agent		\exists
			1	81 N	lame					
MCCALL, HOWARD 2860 BANYAN BOULEVARD CIRCLE N.W.			Ī	82 S	treet Addr	ess (P.O. Box Number is Not Acceptab	le)			
	TAN BUULEVARD CIRCLE N.V TON FL 33431	ν.	}	83						\dashv
DOORIN	1011 12 00101			84 C	ily			85 Zq	o Code	
44 ()	W		<u>-</u>			ation submits this statement for the pur	FL	. '		_
or registered familiar with SIGNATURE	diagent, or both, in the State of Flori , and accept the obligations of, Sect gradue, Greet or purced name of registered agen	da. Such chango was authorization 607.0505, Florida Statutes	ed by the c	orporal	tion's tioa	rd of directors. Thereby accept the appointment of	ontment as	registered	agent. I am	_
12.		D DIRECTORS	RECTORS 13.			ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12	CB2F034 (12/95)
TITLE	PD	-		1 1 THUE 1.2 NAME				Change	☐ Addition	15
NAME MCCALL, HOWARD E JR										2
STREET ADDRESS	2860 BANYAN BLV CIR NW BOCA RATON FL			1.3 STHEET AUDRESS 1.4 OUTY IST ZIP) T
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CITY-ST-ZIP				Y - \$1 - ZII	i					
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NAME			5 2 NAME							
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NAME			. 62 NAI							
STREET ADDRESS				REET ADD						
CITY-ST-ZIP	cardie, that the information is united.	will the films of what at his		Y-\$1-711		or the exemption stated in Section 119.0	YOUN EN	minima Chambada	17.	_

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my spirature 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR