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

H45528

(7)

DOCUM 1. Corporation N ROSHA		28 (7)		112121 2112 2122 2123 2136 2136 2136	
Principal Place of	f Business	Mailing Address			AND DIDIL DIDIR DIDIL BUNK DIDIK DIDIR FORT
% STEVE L. HENDERSON 817 BEACHLAND BLVD VERO BEACH FL 32963		% STEVE L. HENDERSON 817 BEACHLAND BLVD VERO BEACH FL 32963			
VENU DENU	1 FL 32303	TENO DENOTITE GES		03/05/1985	3a. Date of Last Report 04/28/1995
2. Principal Plac	e of Business	2a. Mailing Address 26		4, FEI Number 59-2505379	Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc		5. Certilicate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country	This corporation has liability for interpretation Florida Statutes Yes	angible tax under s. 199,032,
	g. Name and Address of Curre	1 1		10. Name and Address of New Reg	gistered Agent
			81 Name		
HENDERSON, STEVE L.			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
	ACHLAND BLVD	•	83		
VEHO B	BEACH FL 32963				ar Za Cada
			84 Oity		FL 85 Zip Code
SIGNATURE	, and accept the obligations of, Scr qualities took or probations of recovers as		E. Registerad Agor't signature respons	d when her Arrog. ADDITIONS/CHANGES TO OFFIC	DATE SERS AND DIRECTORS IN 12
TITLE	PDST	DELETE	1.1 TiTuf		Change Addit on
NAME	KHAN, SARWAR A.		1.2 NAME		
STREET ADDRESS	1076 33RD AVE. 5.W.		1.3 STREET ADDRESS		
CHTY-ST-ZIF	VERO BEACH FL	FT DELETE	* 4 CITY - ST - 7IP		Change Addition
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NAME			3 2 NAME		
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STREET ADDRESS			4.3 STHEET ADDRESS		
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NAME CTOCCC ADDOCES			5 3 STREET ADDRESS		
STREET ADDRESS			5 4 CITY - ST- ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	6 1 Tills		Change Addition
NAME		_ .	6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
United Appliess			1		

14. Ido 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 inercated on this a must 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 true 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 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR

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