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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

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I. Corporation		H60942	•)					
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Principal Plac	e of Business		Mailing Address						
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G	ST HILL BLVD.		1497 FOREST HILI G	L BLVD.					
	A BEACH FL 33406		WEST PALM BEAC	CH FL 33406		•			
US			US			3. Date Incorporated or 0 06/05/1985	Jualified	3a. Date of L 05/01	.ast Report /1995
Principal F	Place of Business		2a. Mailing Address			4. FEI Number			Applied For
l			26			59-2548840		****	Not Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc	; ,		5. Certificate of Status De	esired	□ \$	8.75 Additional Fee Required
City & Stat	te		City & State			6. Election Campaign Fina	ancing		5.00 May Be
<u> </u>			28			Trust Fund Contribution	•		Added to Fees
Zip	ļ <u>-</u>	Country	Zip	Cou	ntry	8. This corporation has lia		tangible tax un	
	25 Q Name and	Address of Current	29 Pagistared Agent	30		Florida Statutes	☐ Yes		
	o. Hunte Biju	OF OUR OFFICE	TORIGIOI ON WARIII	·	81 Name	10. Name and Address of	or New Keg	gistered Agei	17
CARP.	MICHAEL T.								
	OREST HILL BL	VD.			82 Street Add	dress (P.O. Box Number is Not a	Acceptable))	
SUITE		,,,			83	,			
WEST	DALLA DEACH E	00400			1				
41591	Palm Beach Fi	L 33406		ŀ	74 00				
					B4 City			FL 85	
Pursuant or registe	to the provisions o	f Sections 607.0502 a	nd 607.1508, Florida St. Such change was autr n 607.0505, Florida Stat	atutes, the above	to named corns	oration submits this statement for and of directors. I hereby accept	or the purpo t the appoin	<u>FL</u>	
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oath; that I am an officer or director of appears in Block 12 or Block 13 if pair emporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name of required by Chapter 607, Florida Statutes; and that my name of required by Chapter 607, Florida Statutes; and that my name of required by Chapter 607, Florida Statutes; and that my name of required by Chapter 607, Florida Statutes; and that my name of required by Chapter 607, Florida Statutes; and that my name of required by Chapter 607, Florida Statutes; and that my name of required by Chapter 607, Florida Statutes; and that my name of required by Chapter 607, Florida Statutes; and that my name of required by Chapter 607, Florida Statutes; and that my name of required by Chapter 607, Florida Statutes; and that my name of required by Chapter 607, Florida Statutes; and that my name of required by Chapter 607, Florida Statutes; and that my name of required by Chapter 607, Florida Statutes; and that my name of required by Chapter 607, Florida Statutes; and that my name of required by Chapter 607, Florida Statutes; and that my name of required by Chapter 607, Florida Statutes; and that my name of required by Chapter 607, Florida Statutes; and that my name of required by Chapter 607, Florida Statutes; and the florida Statutes for the florida Stat

SIGNATURE:

MICHAEL T. COLP

Daytime Phone #