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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

•	1996	A STATE OF THE PARTY OF THE PAR	DIVISION	OF CORPOR	RIONS				
OCUN , Corporation	JENT #	H6668	5 (9))					
GULF /	ATLANTIC F	INANCIAL SERV	ICES, INC.			(ADDISO ENS EINS ENS ENSE	AIRI AINI AINII AIRII A	1614 3 161) 1	h1811 8 1811 1841
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incipal Place			Mailing Address						
23123 STATE RD. 7. STE. 330 BOCA RATON FL 33428)	23123 STATE RD. 7, STE. 330 BOCA RATON FL 33428						
						3. Date Incorporated or Qualified	d 3a. Date of	Last Re	port
			. 4			07/16/1985	04/1	13/199	
Principal Pla	ice of Business		2a. Mailing Address			4. FEI Number 59-2683647		h	pplied For lot Applicabl
Suite, Apt. #	, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	П		Additional
01.00			27						lequired
City & State			City & State			6. Election Campaign Financing Trust Fund Contribution			May Be
Zip		Country	Ζφ		untry	8. This corporation has liability for			
	0 Name and	Address of Current	29 Registered Agent	30	Γ	Florida Statutes X1 Y	es □No • Benistered An	ani	
	g, realic title	Address of Conton	nogistorou rigoni		81 Name	10, 140110 010 14011000 01 1404			
	SIMON S				82 Street Add	cress (P.O. Box Number is Not Accept	table)		
	TATE RD. 7, S				83				
BOCA H	ATON FL 334	28							
					84 City		FI	85 Zip	Code
 Pursuant t or registere familiar wit 	o the provisions ed agent, or both h, and accept th	of Sections 607.0502 n, in the State of Florida e obligations of, Section	and 607.1508, Torida Sta a Such change was auth on 607.0505, Florida Statu	atutes, the absorized by the utes.	ove named corpo corporation's bo	oration submits this statement for the p ผิกซ์ of directors. I hereby accept the a	nurpose of chang ppointment as reg	ing its registered	egistered off agent. I am
GNATURE _		of Sections 607.0502 and in the State of Florida e obligations of, Section and a consideration of the section o	inditite Lapplicable DIRECTORS		d Agent signatora regol		3TAC]		RS IN 12
GNATURE _	Signature, typed or pri	iteo nari e et registered agent a OFFICERS AND	nd title if applicable	(NOTE: Registeral 13.	d Agent symatoro respi	inst who i renstang)	DATE DEFICERS AND DI		RS IN 12
GNATURE _ .e .e	Signature, typed or pri P JAFFEE, S	OFFICERS AND	inditite Lapplicable DIRECTORS	(NCRE: Registeral 13. 1.11 1.2 h	d Agent signatura regal TiTLE IAME	inst who i renstang)	DATE DEFICERS AND DI	RECTO	RS IN 12
GNATURE	Signature, typed or pri P JAFFEE, S	OFFICERS AND IMON S. CA WOODS LANE	inditite Lapplicable DIRECTORS	13. 13. 1.1 1.2 h	d Agent symatoro respi	inst who i renstang)	DATE DEFICERS AND DI	RECTO	RS IN 12
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SIGNATURE: _

Signature and typed on printing Names Signing OFFICER OR DIRECTOR

4/4/96

(407) 488-9194