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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

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· Mari	U. S. A. OF POMPANO, II	NC.				
incipal Place of	Business	Mailing Address		(156/6)) Bule 1/1/4 (26/6) (1994)	1161 61611 61611 61611 61611 61611 61611 61611 61611 61611 61611 61611 61611 61611 61611 61611 61611 61611 616	
	IPLE RD., BAY 65	2201 WEST SAMPLE R BUILDING 9, SUITE 18 POMPANO BEACH FL	.			
POMPANO B	CH FL 39067	US DEADTHE		3. Date Incorporated or Qualified 07/18/1985	3a. Date of Last Report 05/01/1995	
Principal Place	e of Business	2a. Mailing Address		4. FEI Number 59-2581038	Applied For Not Applicable	
Cuita Ant #	olo.	26 1761 W. Hill Suite, Apt. #, etc.	sboro Biva.		\$8.75 Additional	
Suite, Apt. #,	eic.	27 #401		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
		28 Deerfield Bo		Trust Fund Contribution	Auded to rees	
Ζφ	Country	Zip	Country	This corporation has liability for Florida Statutes	Intangible tax under s 199.032,	
	9. Name and Address of Currer	29 33442	30	10. Name and Address of New F		
	3, Italie bito Address of Outlet		81 Name			
WHALE	N, NANCY		82 Street Add	ress (P.O. Box Number is Not Acceptate	ole)	
	. SAMPLES RD., BLDG 9, #1B	3	1761 1	1761 W. Hillsboro Blvd.		
	NO BEACH FL 33073	•	83 Suite			
			84 City	401	FL 85 Zp Code 33442	
			Décrie	eld Beach,		
I. Pursuant to	the provisions of Sections 607,050	2 and 607.1508, Florida Statutes ida. Such change was authorize	s, the above-named corpo d by the corporation's boa	oration submits this statement for the pu and of directors. I hereby accept the app	irpose of changing its registered offic pointment as registered agent. I am	
familiar with	, and accept the obligations of, Sec	tion 607.0505, Florida Statutes.	~ 2,	, .		
GNATURE _						
		AIOT	E. Desigland Apost signature require	ed when re-netal-not	DATE	
S	ignature, typed or printed name of registered agen		E: Registered Agent signature require 13.	ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTORS IN 12	
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SIGNATURE: / SIGNATURE SUMMED SUMMED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

954-428-5660

(laytine Phone #

CR2E034 (12/95)