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

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City & State Country Zip Country Zip Country Zip Country Zip Country Added R. Fils corporation has bability for intangible tax under s 1 Florids Statutes & No Normal Address of Now Registered Agent SCHIESS, MICHEL 7318 FAIRWAY TRAIL BOCA RATON FL 33487 B1 Name 82 Street Address (F.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip 11. Parsant to the modelons of Scotters (677.0502 and 697.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its reconstitution of both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered a familiar with, and accept the obligations of Scotters (670.0503, Florida Statutes, the above named corporation is board of directors. I hereby accept the appointment as registered a familiar with, and accept the obligations of Section 607.0503, Florida Statutes, the above named corporation is board of directors. I hereby accept the appointment as registered a familiar with, and accept the obligations of Section 607.0503, Florida Statutes, the above named corporation is board of directors. I hereby accept the appointment as registered a familiar with, and accept the obligations of Section 607.0503, Florida Statutes, the above named corporation is board of directors. I hereby accept the appointment as registered a familiar with, and accept the obligations of Section 607.0503, Florida Statutes, the corporation is board of directors. I hereby accept the appointment as registered a familiar with, and accept the obligations of Section 607.0503, Florida Statutes, the corporation is board of directors. I hereby accept the appointment as registered a familiar with, and accept the obligations of Section 607.0503, Florida Statutes, the corporation is board of directors. I hereby accept the appoin	t Applicable
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SIGNATURE Signature, typed or printed name of registered agent and the if appreciable (NOTE: Roystered Agent signature required when rendstairs) DATE	gent. I am
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14. I do 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 certify that the information indicated on this angular report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if the control is that I am an officer or director of the control is the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that	. I further

appears in Block 12 or Block 13 if charge

SIGNATURE:

Michel Schless, President
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 (407)347-1950