	PROFIT RPORATION IUAL REPORT 1996			Secre	PARTMENT O ra B Morthan etary of State of CORPORA	n					
DOCU 1. Corporati	IMENT #	J01954		(3)							
WILE	S ROAD SERVI	CE CENTER, II	NC.	• •							
Principal Pla	ce of Business	·····	Mailing /	Address							
	YPRESSHEAD DR			W. CYPRESSHE							
PARKLAND	/ FL 3306/		PARKL	AND FL 33067	•		3. Date Incorpora	ated or Qualifie	od 3a.	Date of Lasi	t Report
	Place of Business		2a. Maile	ng Address			02/27/198 4. FEI Number	36		12/22/19	<b>95</b> Applied For
Suite, Apt	t. #. etc.		26 Suite	Apt. #, elc.			59-2651	453			Not Applicabl
22	·		27				5. Certificate of S	Status Desired			5 Additional Required
City & Sta	ne		City 8	& State			6. Election Camp Trust Fund Cor	•			May Be
Zip 24	25	ountry	<i>Z</i> ip		Goun	ntry	8. This corporation	on has liability f		ble tax under	
		ddress of Current F		Agent			Florida Statute 10. Name and Ad		Yes Register		
	ESCHINSKY, RON 1921 W CYPRESSI				L	81 Name	···				
0	WY I W I YELL CC	«⊫αιι /¥Ω								==	
	ARKLAND FL 330						dress (P.O. Box Numbe	r is Not Accep	таоте)		
						B3	dress (P.O. Box Numbe	er is Not Accep	таоте)		
P	'ARKLAND FL 330	67		-	8	B3 City			F	-1	ρ Code
11. Pursuani	ARKLAND FL 330	Sections 607,0502 a			utes, the abo	B4 City	poration submits this st		F	·L	
11. Pursuani	ARKLAND FL 3300 It to the provisions of registered agent, or am familiar with, and	Sections 607,0502 a both, in the State of accept the obligation	ns of, Sections	on 607.0505, F	utes, the abo s authorized t Florida Statute	B4 City  NVe-named corporates	poration submits this st tion's board of directors		purpose opt the ar	of changing opointment as	
11. Pursuani office or agent 1: SIGNATURE 12.	to the provisions of registered agent, or am familiar with, and	Sections 607,0502 a	no libe fappera	on 607.0505, F	utes, the abo s authorized t Florida Statute	B4 City  NVe-named corporates		aftenient for the	e purpose ept the ar	of changing opointment as	its registered registered
11. Pursuant office or agent is	to the provisions of registered agent, or lam familiar with, and signature typed or provided DVP	Sections 607,0502 a both, in the State of accept the obligatio nate of repotent agent a OFFICERS AND I	no libe fappera	on 607.0505, F	utes, the abos authorized the forida Statution 13.	B4 City  Nove-named corporates  Agent signature require	poration submits this st tion's board of directors ared when constanted	aftenient for the	e purpose ept the ar	of changing opointment as	its registered registered
11. Pursuani office or agent is SIGNATURE	to the provisions of registered agent, or am familiar with, and Signa ve lyped or protect.  DVP LESCHINSKY 6921 W. CYP	Sections 607 0502 a both, in the State of accept the obligation of the control of	no libe fappera	on 607.0505, F	utes, the abo s authorized befored Statute OTE Registered / 13. 11 HILL 12 NAM	B4 City  Nove-named corporates  Agent signature require	poration submits this st tion's board of directors ared when constanted	aftenient for the	e purpose ept the ar	of changing oppointment as	its registered registered
11. Pursuani office or agent 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	to the provisions of registered agent, or am familiar with, and Signature typed or primary	Sections 607 0502 a both, in the State of accept the obligation of the control of	no libe fappera	on 607.0505, F	utes, the abos authorized the forida Statution 13. The first 12 NAM 1.3 STRI 1.4 City	B4 City  Dive-named corporates  Agent signature requ  E  Aff  EET ADDRESS (-S1-ZIP	poration submits this st tion's board of directors ared when constanted	aftenient for the	e purpose ept the ar	of changing oppointment as	ils registered registered DRS IN 12
11. Pursuant office or agent is SIGNATURE  12. TITLE MAME STREET ADDRESS	to the provisions of registered agent, or lam familiar with, and Signarize lyped of prime DVP LESCHINSKY 6921 W. CYP PARKLAND F P LESCHINSKY	Sections 607 0502 a both, in the State of accept the obligation natical representation of FICERS AND D., SHARON RESS HEAD DR. L.	no libe fappera	on 607.0505, F	utes, the abos authorized befored Statution 13.	B4 City  Invernanced corporates  Agents gradure require  E  AGE  EET ADDRESS  (-ST-ZIP)  E	poration submits this st tion's board of directors ared when constanted	aftenient for the	e purpose ept the ar	of changing oppointment as	ils registered registered DRS IN 12
P.  11. Pursuant office or agent 1: 3 SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	to the provisions of registered agent, or lamiliar with, and Signature lyped of priced DVP LESCHINSKY 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP	Sections 607 0502 a holft, in the State of accept the obligatio note of reported agenta OFFICERS AND I , SHARON RESS HEAD DR. L , RONALD RESS HEAD DR.	no libe fappera	on 607.0505, F	utes, the abos authorized befored Statution 13.  11 Titul 12 NAM 1.3 STRI 4 City 21 Titul 22 NAM 23 STRI 35 STRI	B4 City  NVe-named corporates  Agents gradure requ  E  AF  AF  EET ADDRESS  (-S1-ZIP  E  EET ADDRESS	poration submits this st tion's board of directors ared when constants	aftenient for the	e purpose ept the ar	of changing oppointment as	ils registered registered DRS IN 12
Pursuant office or agent 1: SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	to the provisions of registered agent, or lam familiar with, and Signarize lyped of prime DVP LESCHINSKY 6921 W. CYP PARKLAND F P LESCHINSKY	Sections 607 0502 a holft, in the State of accept the obligatio note of reported agenta OFFICERS AND I , SHARON RESS HEAD DR. L , RONALD RESS HEAD DR.	no libe fappera	on 607.0505, F	utes, the abos authorized befored Statution 13.  11 Titul 12 NAM 1.3 STRI 4 City 21 Titul 22 NAM 23 STRI 35 STRI	B4 City  Inversaried corporates  Agents grature required  E	poration submits this st tion's board of directors ared when constants	aftenient for the	e purpose ept the ar	of changing appointment: ass	olts registered registered  ORS IN 12 - Addition
Pursuant office or agent is SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	to the provisions of registered agent, or lamiliar with, and Signature lyped of priced DVP LESCHINSKY 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP	Sections 607 0502 a holft, in the State of accept the obligatio note of reported agenta OFFICERS AND I , SHARON RESS HEAD DR. L , RONALD RESS HEAD DR.	no libe fappera	DELETE	utes, the abos authorized befored Statution 13.  11 Titul 12 NAM 1.3 SIRI 14 City 21 Titul 22 NAM 23 SIRI 24 City	B4 City  NVe-named corporates  Agent signature required  E  AF  EET ADDRESS  Y-ST-ZIP  E  ET ADDRESS  Y-ST-ZIP  E	poration submits this st tion's board of directors ared when constants	aftenient for the	e purpose ept the ar	of changing oppointment as	olts registered registered  ORS IN 12  Addition
P.  11. Pursuant office or agent is signature  12. Tifle NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	to the provisions of registered agent, or lamiliar with, and Signature lyped of priced DVP LESCHINSKY 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP	Sections 607 0502 a holft, in the State of accept the obligatio note of reported agenta OFFICERS AND I , SHARON RESS HEAD DR. L , RONALD RESS HEAD DR.	no libe fappera	DELETE	utes, the abos authorized Efforida Statuti  13.  11 Titul  12 NAM  13 STRI  2 TITUL  22 NAM  23 STRI  3 LIGHT  32 NAM  33 STRI  33 STRI  33 STRI  33 STRI  33 STRI  34 STRI  35 STRI  36 STRI  37 STRI  38 STRI  48 STRI  48 STRI  48 STRI  58 STRI  58 STRI  68 STRI  6	B4 City  NVe-named corporates  Agent signature required  E EET ADDRESS  (-S1-ZIP  E EET ADDRESS  Y-S1-ZIP  E EET ADDRESS	poration submits this st tion's board of directors ared when constants	aftenient for the	e purpose ept the ar	of changing appointment: ass	olts registered registered  ORS IN 12 - Addition
P.  11. Pursuant office or agent i a SIGNATURE  12. TIFLE NAME  STREET ADDRESS  CITY-ST-ZIP  TIFLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TIFLE  NAME	to the provisions of registered agent, or lamiliar with, and Signature lyped of priced DVP LESCHINSKY 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP	Sections 607 0502 a holft, in the State of accept the obligatio note of reported agenta OFFICERS AND I , SHARON RESS HEAD DR. L , RONALD RESS HEAD DR.	no libe fappera	DELETE	utes, the abos authorized Efforida Statuti  13.  11 Titul  12 NAM  13 STRI  2 TITUL  22 NAM  23 STRI  3 LIGHT  32 NAM  33 STRI  33 STRI  33 STRI  33 STRI  33 STRI  34 STRI  35 STRI  36 STRI  37 STRI  38 STRI  48 STRI  48 STRI  48 STRI  58 STRI  58 STRI  68 STRI  6	B4 City  PAGE 1 Signature regulations of the component of	poration submits this st tion's board of directors ared when constants	aftenient for the	e purpose ept the ar	of changing pointnient; as	olts registered registered  ORS IN 12 Addition  Addition
P  11. Pursuant office or agent is signature  12. Tifle NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	to the provisions of registered agent, or lamiliar with, and Signature lyped of priced DVP LESCHINSKY 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP	Sections 607 0502 a holft, in the State of accept the obligatio note of reported agenta OFFICERS AND I , SHARON RESS HEAD DR. L , RONALD RESS HEAD DR.	no libe fappera	DELETE  DELETE  DELETE	utes, the abos authorized befored Statution 13.  11 Titul 12 NAM 1.3 STRI 2 TITUL 22 NAM 23 STRI 2 4 CITI 31 TITUL 32 NAM 33 STRI 34 CITIN 34 CITIN	B4 City  NVe-named corporates  Agent signature required  E  AF  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E	poration submits this st tion's board of directors ared when constants	aftenient for the	e purpose ept the ar	of changing appointment: ass	on the properties of the prope
PI. Pursuant office or agent is signature  12. Tifle NAME  STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	to the provisions of registered agent, or lamiliar with, and Signature lyped of priced DVP LESCHINSKY 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP	Sections 607 0502 a holft, in the State of accept the obligatio note of reported agenta OFFICERS AND I , SHARON RESS HEAD DR. L , RONALD RESS HEAD DR.	no libe fappera	DELETE  DELETE  DELETE	utes, the abos authorized Efforida Statuti  13.  11 Titul  12 NAM  13 STRI  24 CIN  31 Titul  32 NAM  33 STRI  34 CIN  41 Titul  4 2 NAM  43 STRI  4 3 STRI  4 3 STRI  4 3 STRI  4 3 STRI  4 STRI  4 3 STRI  4 STRI  4 3 STRI  4 STRI  4 3 STRI  4 STRI  4 3 STRI  4 STRI  4 3 STRI  4 S	B4 City  We named corporate es  Agent signature required  EET ADDRESS (-ST-ZIP)  EET ADDRESS  Y-ST-ZIP  EET ADDRESS  Y-ST-ZIP  EAT  EET ADDRESS  AGE  EET ADDRESS	poration submits this st tion's board of directors ared when constants	aftenient for the	e purpose ept the ar	of changing pointnient; as	olts registered registered  ORS IN 12 Addition  Addition
P.  11. Pursuant office or agent is signature.  SIGNATURE  12. Tifle NAME  STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provisions of registered agent, or lamiliar with, and Signature lyped of priced DVP LESCHINSKY 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP	Sections 607 0502 a holft, in the State of accept the obligatio note of reported agenta OFFICERS AND I , SHARON RESS HEAD DR. L , RONALD RESS HEAD DR.	no libe fappera	DELETE  DELETE  DELETE	utes, the abos authorized Efforida Statuti  13.  11 Titul  12 NAM  13 STRI  24 CIN  31 Titul  32 NAM  33 STRI  34 CIN  41 Titul  4 2 NAM  43 STRI  4 3 STRI  4 3 STRI  4 3 STRI  4 3 STRI  4 STRI  4 3 STRI  4 STRI  4 3 STRI  4 STRI  4 3 STRI  4 STRI  4 3 STRI  4 STRI  4 3 STRI  4 S	B4 City  NVE - named corporate es  Agent signature required  E ME  EET ADDRESS  (-ST-ZIP  E ME  EET ADDRESS  Y-ST-ZIP	poration submits this st tion's board of directors ared when constants	aftenient for the	e purpose ept the ar	of changing pointnient; as	ons in 12  ORS IN 12  Addition  Addition  Addition
P.  11. Pursuant office or agent is signature  SIGNATURE  12. Tifle  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	to the provisions of registered agent, or lamiliar with, and Signature lyped of priced DVP LESCHINSKY 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP	Sections 607 0502 a holft, in the State of accept the obligatio note of reported agenta OFFICERS AND I , SHARON RESS HEAD DR. L , RONALD RESS HEAD DR.	no libe fappera	DELETE  DELETE  DELETE	utes, the abos authorized & Florida Statuti  13.  11 TITU  12 NAM  13 STRI  24 CIN  31 TITU  32 NAM  33 STRI  34 CIN  41 TITU  4 2 NAM  43 STRI  4 CIN  4 1 TITU  4 2 NAM  4 3 STRI  4 CIN  4 1 TITU  4 2 NAM  4 3 STRI  4 CIN  4 1 TITU  4 2 NAM  4 3 STRI  4 4 CIN	B4 City  We named corporate es  Agents gradure required  EET ADDRESS  (-ST-ZIP  EET ADDRESS  Y-ST-ZIP  EET ADDRESS  Y-ST-ZIP  EET ADDRESS  (-ST-ZIP  EET ADDRESS  Y-ST-ZIP  EET ADDRESS  Y-ST-ZIP  EET ADDRESS  Y-ST-ZIP  E	poration submits this st tion's board of directors ared when constants	aftenient for the	e purpose ept the ar	of changing appointment as ND DIRECTC Change	ons in 12  ORS IN 12  Addition  Addition
PI. Pursuani office or agent is signature  12. Title NAME  STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	to the provisions of registered agent, or lamiliar with, and Signature lyped of priced DVP LESCHINSKY 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP	Sections 607 0502 a holft, in the State of accept the obligatio note of reported agenta OFFICERS AND I , SHARON RESS HEAD DR. L , RONALD RESS HEAD DR.	no libe fappera	DELETE  DELETE  DELETE	### ##################################	B4 City  Note-named corporates  Agents grature required  E	poration submits this st tion's board of directors ared when constants	aftenient for the	e purpose ept the ar	of changing appointment as ND DIRECTC Change	ons in 12  ORS IN 12  Addition  Addition  Addition
P  11. Pursuani office or agent is signature  12. Tifle NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provisions of registered agent, or lamiliar with, and Signature lyped of priced DVP LESCHINSKY 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP	Sections 607 0502 a holft, in the State of accept the obligatio note of reported agenta OFFICERS AND I , SHARON RESS HEAD DR. L , RONALD RESS HEAD DR.	no libe fappera	DELETE  DELETE  DELETE	### ##################################	B4 City  Note-named corporates  Agents:gradure required  E	poration submits this st tion's board of directors ared when constanted	aftenient for the	e purpose ept the ar	of changing appointment as the ND DIRECTO Change Change Change Change Change	oregistered  ORS IN 12  Addition  Addition  Addition  Addition
PITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provisions of registered agent, or lamiliar with, and Signature lyped of priced DVP LESCHINSKY 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP	Sections 607 0502 a holft, in the State of accept the obligatio note of reported agenta OFFICERS AND I , SHARON RESS HEAD DR. L , RONALD RESS HEAD DR.	no libe fappera	DELETE  DELETE  DELETE  DELETE	utes, the abos authorized Efforida Statuti  13.  11 Titul  12 NAM  13 STRI  24 CIN  31 Titul  22 NAM  33 STRI  34 CIN  41 Titul  42 NAM  43 STRI  44 CINY  51 Titul  52 NAM  53 STRI  54 CINY  53 STRI  54 CINY  53 STRI  54 CINY	B4 City  NVE-named corporate by the corporate es  Agents:grature requ  E  AF  AF  EET ADDRESS  Y-ST-ZIP  E  EAF  EET ADDRESS  Y-ST-ZIP  E	poration submits this st tion's board of directors ared when constanted	aftenient for the	e purpose ept the ar	of changing appointment as ND DIRECTC Change	oregistered  ORS IN 12  Addition  Addition  Addition  Addition
PI. Pursuani office or agent is signature  12. Title NAME  STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	to the provisions of registered agent, or lamiliar with, and Signature lyped of priced DVP LESCHINSKY 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP 6921 W. CYP PARKLAND F P LESCHINSKY 6921 W. CYP	Sections 607 0502 a holft, in the State of accept the obligatio note of reported agenta OFFICERS AND I , SHARON RESS HEAD DR. L , RONALD RESS HEAD DR.	no libe fappera	DELETE  DELETE  DELETE  DELETE	### 100   ### 10	B4 City  NVE-named corporates by the corporates  Agent agosture required  E EET ADDRESS  Y-ST-ZIP  E EET ADDRESS	poration submits this st tion's board of directors ared when constanted	aftenient for the	e purpose ept the ar	of changing appointment as the ND DIRECTO Change Change Change Change Change	oregistered  ORS IN 12  Addition  Addition  Addition  Addition
11. Pursuani office or agent is signature  12. Title NAME  STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ARKLAND FL 330  It to the provisions of registered agent, or ann familiar with, and Signarize liped or protect to the provision of the provisi	Sections 607 0502 a both, in the State of accept the obligation of the state of acceptance of acceptance of the state of acceptance of	of the dapped and the black of	DELETE  DELETE  DELETE  DELETE  DELETE	### ##################################	B4 City  Non-named corporates by the corporates  Agent agrature required  E EET ADDRESS  Y-ST-ZIP  E EET ADDRESS  Y-ST-ZIP  E EET ADDRESS  -ST-ZIP  E E E E E E E E E E E E E E E E E E E	poration submits this st tion's board of directors ared when constanted	atement for the sThereby according to the state of the st	Purpose of the ap	of changing appointment as the change of the	DRS IN 12 Addition Addition Addition Addition