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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1006

Principal Place 5700 STIRI HOLLYWOO		Mailing Address 5700 STIRLING RD HOLLYWOOD FL 3: US	3021	···				
00		03			3. Date Incorporated or Qualified 04/14/1986	3a. Date	of Last R	
Principal Pl	ace of Business	2a. Mailing Address		<del></del>	4. FEI Number 59-2669100			Applied For
Suite, Apt.	#, elc.	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·			<del></del>	Not Applicable  Additional
City & State		27	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired			Required
Ony & State	;	City & State			6. Election Campaign Financing Trust Fund Contribution		•	May Be d to Fees
Zip	Country 25	Zip	Count	try	8. his corporation has liability for			
	9. Name and Address of Cur	[29] rrent Registered Agent	30]		Florida Statutes Yes  10. Name and Address of New F	No ☐ No	gent	
			8	Name				
NEWMAN, IRVING 5700 STIRLING RD HOLLYWOOD FL 33021			82 Street Add		ress (P.O. Box Number is Not Acceptab	ole)	· · · · · · · ·	
				13				
			L	l4 City			1.21 5	
				P+  Uity		FL	85   Zij	p Code
Pursuant to or register familiar wi	o the provisions of Sections 607.0 ed agent, or both, in the State of F th, and accept the obligations of, S	502 and 607.1508, Florida Statu lorida. Such change was authori ection 607.0505, Florida Statute	ites, the above	e-named corpo rporation's boa	ration submits this statement for the pur and of directors. I hereby accept the app	rpose of char ointment as r	nging its r registered	egistered offic Lagent, Lam
SNATURE	Stynature, typed or printed name of registered a	gent and title if applicable [N	ites, the above zed by the co is.	e-named corpo rporation's boa gint sgrature require	id which rein stating:	rpose of char ointment as r		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

2/15/96 (9 N 963 964)
Date Date