PROFIT CORPORAT ANNUAL REF 1996	(2) (2) (2) (3) (3) (4) (4) (5) (4)	Sandra B Secretar DIVISION QF C	TMENT OF STATE. Mortham y of State ORPORATIONS			
OCUMENT Corporation Name	[#] J13908		0100			
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6240 SW 15TH STREET PLANTATION FL 33317		6240 SW 15TH STREET PLANTATION FL 33317				
US		US		3. Date incorporated or Qualified 05/13/1986	3a. Date of Last Re 05/01/199	
Principal Place of Bus	iness	2a. Mailing Address	» DOME	4. FEI Number		Applied For Not Applicable
	AS_ABOVE	26 SAME AS Suite, Apt #, etc.	ABOVE	59-2675471	\$8.75	Additional
Suite, Apt. #, etc.		27		5. Certificate of Status Desired		Required
City & State		Crty & State		Election Campaign Financing Trust Fund Contribution	1 1	O May Be d to Fees
Zip	Country	7 ip	Country	8. This corporation has liability for Florida Statutes 😧 Yes	intangible tax under s s	199.032,
g. Nar	25 ne and Address of Current			10. Name and Address of New		
			B1 Name			
MCMAHON, CA			82 Street Add	ress (P.O. Box Number is Not Accepta	ble)	
6240 SW 15TH			83			
PLANTATION FL			1 1			
	. 33317		84 City		85 Zi	p Code
		and 607 1503 Flooda Statute		vation submits this statement for the p	FL I	registered offic
. Pursuant to the pro-	visions of Sections 607.0502			oration submits this statement for the parad of directors. Thereby accept the ap	FL I	registered offic
. Pursuant to the pro- or registered agent, familiar with, and ac	visions of Sections 607.0502 or both, in the State of Floric cept the obligations of Section	on 607,0505, Florida Statutes	s, the above named corpord by the corporation's box	and or directors. The exty code, was 144	rpose of changing its pointment as registered	registered offic
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14. To hereby certry that the information supplied with the series is voluntarily trained and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Cathy McMahon-Laystrom 4/26/96 (954) 523
Cathy McMahon-Laystrom 4/26/96 (954) 5278