## 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

1996

DOCUM 1. Corporation N SOUTHI		<b>\</b> _ <b>/</b>		 	
Principal Place o	f Business	Mailing Address			ilə ilə ələn ələn ələn ələn ələn ələn əl
* RICHARD DRATH 700 SE 3RD AVE SUITE 400 FT. LAUDERDALE FL 33316 US		700 SE 3RD AVE. SUITE 400 FT. LAUDERDALE FL 33316 US		Date Incorporated or Qualified	
				09/22/1986	06/12/1995
2. Principal Place of Business		2a. Mailing Address		4. FET Number 59-2713457	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable  \$8.75 Additional
2 700		27 300	<u> </u>	5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	This corporation has liability for	Added to Fees
4	25	29	30	Florida Statutes	s 🔲 No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New	Registered Agent
DRATH R	MCHARD				
DRATH, RICHARD 700 SE 3RD AVE.			82 Street Ad	idress (P.O. Box Number is Not Accepta	ible)
SUITE 40			83		
FT. LAUD	ERDALE FL 33316		84 City		85 Zip Code
	THE STATE OF THE S			eration submits this statement for the pi	FL ( )
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-2IP  TITLE  NAME  STREET ADDRESS  CITY-ST-2IP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	OFFICERS A PO DRATH, RICHARD 700 SE 3RD AVE., SUITE 4 FT. LAUDERDALE FL	ND DIRECTORS	13.  1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS		CATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
CITY - ST - ZIP		L3 00110	3 4 CITY - ST - ZiP		
NAME STREET ADDRESS CITY-ST-ZIP		☐ DETELE	4 1 TIRE 4 2 NAME 4 3 STREET ADDRESS		☐ Change ☐ Addition
TITLE		DELETE	4 4 CHY - ST - ZIP 5 1 TITLE		Change Addition
NAME =			5.2 NAME		<u></u> ,
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP		Figure	5 4 CITY - ST ZIP		
TITLE		☐ D€LETE	6 1 Till E		Change Maddition
NAME STREET ADDRESS			6 2 NAME		
CITY - ST - ZIP			6 3 STREET ADDRESS		
14. I do hereby o	certify that the information supplied	I with this filing is voluntarily furnis	■ 64 City St-ziP hed and does not qualify	for the exemption stated in Section 119	9.07(3)(k), Florida Statutes + further
oath; that I a appears in B	re information indicated on this and man officer ordinector of the control of the	nual report or supplemental annua Poration or the receiver or trustee	al report is true and accu empowered to execute to ss.	rate and that my signature shall have the this report as required by Chapter 607, F	e same legal effect as if made under lorida Statutes; and that my name
SIGNATU		DA PRINTED NAME OF SIGNING OFFICER		71976	954-575-1040 Dayline Prove #