FILE	NOW: FILING FEE A	FTER MAY 1 IS	\$225.00	-	
CORP ANNUA	ROFIT ORATION LL REPORT 996	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORNERS TONS			
DOCUM 1. Corporation N 777 S.		1 ** 7 '(5) '`			
Principal Place o C/O BACHO 777 S FLAGI W PALM BC	ve. Craig Ler Street	Mailing Address C/O BACHOVE, CRAIG SUITE 1101 W PALM BCH FL 3340 US		3. Date Incorporated or Qualified 02/11/1987	3a. Date of Last Report 04/10/1995
					<u> </u>
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number 59-2772766	Applied For Not Applicable
Suite, Apt. #,	etc.	Suite Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ 29	Country	This corporation has liability for in Florida Statutes Yes	intangible tax under s 199.032, ☐ No
4	g. Name and Address of Current			10. Name and Address of New R	tegistered Agent
ar registers	the provisions of Sections 607.0502 a d agent, or both, in the State of Florida n, and accept the obligations of, Section	s. Such chaode was authouzed	84 City s, the above named corporation's bo	oration submits this statement for the pul and of directors. I hereby accept the app	FL 85 Zip Code rpose of changing its registered office ointment as registered agent. I am
	ignative typed or printing have of registered agents.		E. Fleig street Agend signature room	ලේ ශ්රීත (කියල් සිරිල්)	DATE
12.	OFFICERS AND	DIRECTORS	13.		ICERS AND DIRECTORS IN 12
TITLE NAME	DPT BACHOVE, CRAIG 777 S FLAGLER DR, #1101	□ DELETE	1 TITLE 2 NAME		Cnange Addition
STREET ADDRESS	W PALM BCH FL		1.3 STREET ADDRESS 1.1.4 CITY - ST - ZIP		
CITY-ST-ZIF TITLE NAME	DS GEIST, MINNIE S.	DELETE	2 1 TIFLE 2 2 NAME		Change Addition
STREET ADDRESS City - St - Zip	777 S FLAGLER DR, #1101 W PALM BCH FL		2 3 STREET ADDRESS		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	3 4 CHY - SI - ZIF 4 1 TITLE		Change Addition
TITLE		☐ bteen	4.2 NAME		
NAME STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			44 CITY - ST - 7iP		
TITLE		☐ DELETE	5 1 THILE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		E Accese	5.4 C(TY - ST - 71P		Change Addition
TITLE		☐ Decete	6 1 TITLE		C Change C Addition
NAME			6.2 NAME		

6 3 STREET ADDRESS

6 4 CITY - ST - 7/F

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

Craig M. Bachove Craig M.

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. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the conversation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, often an attrachment with an address. 4/11/96 (407)833-3777