FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	PORATION AL REPORT 1996	Sandra B Secretary DIVISION OF CO	of State		
DOCUN 1. Corporation		1 (9)			
PIPER	AND PIPER, INC.			E ARRIVER RIVE BANK PRINCE HIBRE HIBRE HIB	ISI JIDI OZDIJ SVOJI GIBJI DIGIJ OZDIJ ĐIĐIJ DOG
Principal Place	of Rusiness	Mailing Address			
Principal Place of Business 212 NORTH FEDERAL HIGHWAY HALLANDALE FL 33009 Mailing Address 212 NORTH FEDERAL HALLANDALE FL 33009					
				3. Date Incorporated or Qualified 04/20/1987	3a. Date of Last Report 04/03/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number 59-2794171	Applied For
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	** ***.	5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees htangible tax under s 199.032,
24	25 29 30 30 S. Name and Address of Current Registered Agent		30	Florida Statutes	
11. Pursuant to or registere familiar with	AUDERDALE FL 33301 the provisions of Sections 607.0502 d agent, or both, in the State of Florid n, and accept the obligations of, Section	 a. Such change was authorized. 	84 City the above named corpor by the corporation's boar	ation submits this statement for the pured of directors. Thereby accept the appo	FL 85 Zip Code pose of changing its registered office intrinent as registered agent. I am
SIGNATURE S	Signature, typed or printed name of registered agent a		Fligistered Agent signature respilies	d when renaturng:	DATE .
THE NAME STREET ADDRESS	D PIPER, DUANE 7760 N.W. 15TH COURT PEMBROKE PINES FL	DIRECTORS DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS	DP PIPER, JOYCE 7760 N.W. 15TH COURT PEMBROKE PINES FL	☐ DELETE	1 4 CHY-ST-ZIF 2 1 THLE 2 2 NAME 2 3 STREET ADDRESS	** · · · · · · · · · · · · · · · · · ·	Change Addition
TILLE NAME STREET ADDRESS	, ,	□ DELETE	2 4 CITY ST ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS		☐ Change ☐ Add tion
TILLE NAME STREET ADDRESS CITY-ST-ZIP		DECETE	3 4 CHY-S1-2IP 4 1 THE 4 2 NAME 4 3 SHEET ADDRESS 4 4 CHY-S1-7IP		☐ Change ☐ Addition
TITLE NAME		☐ DELE1Ł	5 + TITLE 5 2 NAME		Change Addition

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 Statufes. 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 cath; 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 unit in address.

6.4 CHY - \$1 - 7IF

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CHTY-ST-ZIP

CITY-S1-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR

DELE 1E

3-29-96 (954) 456-6939

Change

Addition