FILE NOW: FILING FEE AFTER MAY 1 IS \$2 5.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morth

Secretary of Sta

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DIVISION OF CORPOR

1996

DOCUMENT # J76817

(2)

FILED Mar 05 1996 8:00 am Secretary of State

GHEGG M. RUSEN, D.C., P.A.										
Principal Place of Business Mailing Address						a sodskie dest sodié ditét sûjêt sibit	801 01311 81811 0		DIEN DIDIN NOON	
	36 W BOYNTON BEACH BLVD OYNTON BEACH FL 33435	136 W BOYNTON BE BOYNTON BEACH FL								
1						3. Date Incorporated or Qualified	3a. Date o			
	Principal Place of Business	2a, Maiing Address				06/08/1987 4. FEI Number	05/	<u>01/19</u> 8		
21	rancipal raide of busiless	28. Maining Address				59-2808635			Applied For Not Applicable	
li	Suite, Apt. #, etc.	Suite, Apt. #, etc.							5 Additional	
22		27	.7			5. Certificate of Status Desired			Required	
,,	Oity & State	City & State				6. Election Campaign Financing		\$5.0	O May Be	
23		28				Trust Fund Contribution			d to Fees	
24	Zip Country	Zip [29]	Coun 30	try		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ▼ Yes No			199.032,	
24	9. Name and Address of Current	e e den en de la celebration de la companya de la c	130			10. Name and Address of New R		ient		
			8	31	Name		. 			
	HORWITZ, WAYNE, CPA			32	Street Addre	oss (P.O. Box Number is Not Acceptable	e)			
	3511 W COMMERCIAL BLVD				Silver ridere					
	SUITE 402		8	83						
	FT LAUDERDALE FL 33309		ε	34	City		FL	85 Zi	ip Code	
11.	 Pursuant to the provisions of Sections 607.0502 or registered agent, or both, in the State of Florid. 	and 607.1508, Florida State a. Such change was author	ites, the above	e-na	med corpora	ation submits this statement for the purply of directors. Thereby accept the approximation	oose of chang	ging its r	registered office	
	familiar with, and accept the obligations of, Section	on 607.0505, Florida Statute	es.		TOTAL DESCRIPTION OF THE PERSON OF THE PERSO	a constant interest accept the appe		9.510100	, ago, ii. i ai ii.	
SIG	SIGNATURESignature, typied or printed name of registered agent a	and total of extend in the control of the control o	OTE: Registered A		rice of me and me	where entires the of	DATE	*		
12.			13.	Qualt:	signature required	ADDITIONS/CHANGES TO OFFI		IBECTO	ORS IN 12	
THELE		☐ DELETE	1. 1 7(1)	LE				Change	☐ Addition	
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	SFZIF BOYNTON BEACH FL	<u> </u>	14011	r-ST-	- ZIP		<u> </u>			
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l	136 W BOYNTON BCH BLVD		2 3 STR		ĺ					
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l	(-SI-ZIP									
1/1		ith this films is valuatorily for	64 CIT)			r the exemption stated in Section 110	17/2\/k\ Elorio	do Ctatu	too I further	

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 disclor 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: \

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96 401-276-0847

CR2E034 (12/9)