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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # K05986

SIGNATURE: Lubric S. Manner

SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(0)

	rican retirement cent	TERS, INC.										
Principal Place of Business Mailing Address			dress				<u> </u>	ijani en skibi s	IIIA IIFAAL M	IKAT OPA PADA		
C/O ZUBAIR S. MANSORI 815 ORIENTA AVE. STE 2 GENESIS BLDG ALTAMONTE SPRINGS FL 32701		815 OF	C/O ZUBAIR S. MANSORI 815 ORIENTA AVE. STE 2 GENESIS BLDG ALTAMONTE SPRINGS FL 32701									
							orporated or C)8/1987	Qualified	3a. Da	te of Last 02/27/		
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21		26					59	-2866017			<u> </u>	Not Applicable
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.				5. Certificate	of Status De	sired			5 Additional Required
City & State		City & S	State					Campaign Fina			\$5.0	00 May Be
Zip	Country	28 Zip		7		 ;		d Contribution			Add	ed to Fees
24	25	29		Country 30			8. This corp	oration has lia	bility for i		ax under s	199.032,
	9. Name and Address of Curre		ent	7001			10. Name an		_		Agent	
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ALTAM	IONTE SPRINGS FL 32701			8	33							 -
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11. Pursuant to	o the provisions of Sections 607.050 ed agent, or both, in the State of Flor	2 and 607.1508, F	lorida Statute was authorize	es, the above	e-nam prporat	ed corpora	ation submits this	statement for	r the purp	pose of ch	anging its	registered office
familiar wit	h, and accept the obligations of, Sec	tion 607.0505, Flo	iorida Statute was authorize rida Statutes	es, the above ed by the co	e-nam orporat	ed corpora ion's board	ation submits this d of directors. I h	statement for ereby accept	the appo	antment as	registere	d agent. I am
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