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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

1. Corporation Name

K07974

**FILED** May 01 1996 8:00 am Secretary of State

| Principal Place of Business Mailing Address  2200 W COMMERCIAL BLVD 103 STE 103 |  |                           |                                       |                 |  | -  |                   |         |                              |
|---|--|---------------------------|---------------------------------------|-----------------|--|--|-------------------|---------|------------------------------|
| ft lauderd<br>US  | ALE FL 33309   | FT. LAUDERI<br>US         | FT. LAUDERDALE FL 33309<br>US         |                 |  | 3. Date Incorporated or Qualified 3a. Date of Last Report 08/14/1987                               |                   |         |                              |
| 2. Principal Pla  | ice of Business  | 2a. Mailing Add           | Iress                                 |                 | ······································ | 4. FEI Number<br>65-0020433  | <u> </u>          |         | pplied For<br>Iot Applicable |
| Suite. Apt. #   | t, etc   | Suite, Apt.               | Suite, Apt. #, etc.                   |                 |  | 5. Certificate of Status Desired   | □ <b>\$</b>       | 8.75    | Additional tequired          |
| City & State  |  | City & State              | City & State                          |                 |  | Election Campaign Financing     Trust Fund Contribution  | 1 1               |         | May Be<br>to Fees            |
| <i>Ζ</i> φ<br><b>24</b>   | Country<br>25  | Z)p                       | Country<br>30                         |                 |  | This corporation has liability for intangible tax under s 199.032,     Florida Statutes ☐ Yes ☐ No |                   |         |                              |
|   | 9. Name and Address of Curre   |                           |                                       |                 |  | 10. Name and Address of New R  |                   | nt      |                              |
|   |  |                           | · · · · · · · · · · · · · · · · · · · | 81              | Name                                   |  |                   |         |                              |
| PINTO, JOSEPH A., JR.<br>2200 W COMMERCIAL BLVD                                 |  |                           |                                       | 82              | Street Add                             | ess (P.O. Box Number is Not Acceptable)  |                   |         |                              |
| SUITE 1   |  |                           |                                       |                 |  |  |                   |         |                              |
| ri Divi   | DEUDALE LE 22208   |                           |                                       | 84              | City                                   |  | FL 8              | Ζιρ     | Code                         |
| familiar with<br>SIGNATURE  | h, and accept the obligations of, Sec<br>Signature type to ploted some obligations are | tion 607.0505, Florida    | # Statutes                            |                 |  | rd of directors. Thereby accept the appointment of the resistance.  ADDITIONS CHANGES TO OFFI      | DATE              |         |                              |
| TITLE   | D  | DE                        |                                       | II <del>F</del> |  | ADDITIONS CHANGES TO OFFI  | T Cr              |         | □ Addition                   |
| NAME  | PINTO, JOSEPH A., JR.  |                           | 12 NA                                 |                 |  |  |                   | 9->     |                              |
| STREET ADDRESS<br>CITY-ST-ZIP   | 8704 NW 18TH STREET<br>CORAL SPRINGS FL  |                           | 13 ST                                 | REET            | ADDRESS                                |  |                   |         |                              |
| TITLE   |  | [] DE                     | 14 C)<br>LETE 2 1 TI                  |                 | 1-716                                  |  | ☐ Ch              | anne    | Addition                     |
| NAME  |  | L                         | 2 2 NA                                |                 |  |  | L 0               | arigo   | L Addition                   |
| STREET ADDRESS  |  |                           |                                       |                 | ADDRESS                                |  |                   |         |                              |
| CITY-ST-ZIP   |  |                           | 24 Ci                                 |                 |  |  |                   |         |                              |
| TITLE   |  | ☐ D£                      |                                       |                 |  |  | Cr Cr             | ange    | ☐ Addition                   |
| NAME  |  |                           | 3 2 NA                                | ME              |  |  |                   |         |                              |
| STREET ADDRESS  |  |                           | 3.3 SI                                | rreet           | AUDRESS                                |  |                   |         |                              |
| CITY - ST - ZIP   |  |                           | 3.4.00                                | 1¥-S            | 1 - ZIP                                |  |                   |         |                              |
| TITLE   |  | D€                        | LETE 41Ti                             | TLE             |  |  | ☐ Ch              | ange    | ☐ Addition                   |
| NAME  |  | <del></del> .             | 4.2 NA                                |                 |  |  |                   |         |                              |
| STREET ADDRESS  |  |                           |                                       |                 | ADORESS                                |  |                   |         |                              |
| CITY - ST - ZIP   |  |                           | 440                                   |                 | T-ZIP                                  |  | <b>53.</b> 00     |         |                              |
| TITLE   |  | □ D€                      |                                       |                 |  |  | Ct                | ange    | Addit-on                     |
| NAME  |  |                           | 5.2 NA                                |                 |  |  |                   |         |                              |
| STREET ADDRESS  |  |                           |                                       |                 | ADDRESS                                |  |                   |         |                              |
| CITY+ST-ZIP<br>TITLE  |  | DE                        | 54 CF                                 |                 | 1 - ZIP                                |  |                   | 2000    | □ Addition                   |
| NAME  |  |                           |                                       |                 |  |  | Cr                | ange    | Addition                     |
|   |  |                           | 62 N4                                 |                 | ADDDESS                                |  |                   |         |                              |
| STREET ADDRESS  |  |                           |                                       |                 | ADDRESS                                |  |                   |         |                              |
| 14. Ldo hereby  | certify that the information supplied  | with this filing is volur | ■ 64 Ci<br>tarily furnished and d     |                 |  | or the exemption stated in Section 119.  | 07(3)(k). Florida | Statute | es 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 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 attacking of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE X SIGNATURE AND TYPED OF PRINTED NAME OF SHOWING OFFICER OR DIRECTOR

4/11/96 JOSEPH PINTO