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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

K08929

(7)

	et intalet								
	ST 10TH ST. Idale FL 33316	909 SOUTHEAST 10TO FORT LAUDERDALE F							
<del></del>						3. Date Incorporated or Qualified 12/24/1987		of Last F 3/06/19	
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number 65-0026310			Applied For
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				0070020310			Not Applicable
22		27				5. Certificate of Status Desired			5 Additional Required
City & State		City & State				6. Election Campaign Financing		\$5.0	0 May Be
23 Zip	Country	28 Zip	Cove		<del></del>	Trust Fund Contribution		Adde	d to Fees
4	25	29	Cour	niry		8. This corporation has liability for Florida Statutes Yes	intangible ta ☐ No	x under s	199.032,
	9. Name and Address of Curren	<u> </u>	]			10. Name and Address of New R		Agent	
_				81	Name		-		
TELLER, JAN S.				82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
909 SOUTHEAST 10TH ST. FORT LAUDERDALE FL 33316						55 (			
				83					
			ŀ	84	City		FL	85 Zi	p Code
familiar with,	and accept the obligations of Sections and accept the obligations of sections are specifically assured by the section of the s	on 607.0505, Florida Statutes	ed by the o	orpe	oration's board	ation submits this statement for the pur d of directors. I hereby accept the apport	DATE	registerec	Jagent. I am
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	PRS IN 12
TITLE	DPS	ELLER, JAN STEVEN		1. 1 TITLE  1.2 NAME  1.3 STREET ADDRESS				Change	☐ Addition
NAME STREET ADDRESS	909 SOUTHEAST 10TH ST.								
CITY-ST-ZIP	FORT LAUDERDALE FL				1				
TITLE	T	DELETE		.4 CITY~ST-ZIP . 1 TITLE				Change	☐ Addition
NAME	TELLER, JAN STEVEN			22 NAME			_	) Change	
STREET ADDRESS	909 SOUTHEAST 10TH ST.		2.3 STREET ADDRESS 2.4 City-St-Zip		ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL				T - ZIP				
THILE		☐ DELETE	3. 1 THTLE				C	] Change	Addition
NAME STREET ADDRESS			3.2 NA						
STREET ADDRESS CITY-ST-ZIP					ADDRESS				
TITLE	DELETE			3.4 CITY - ST - ZIP 4. 1 TITLE				] Change	☐ Addition
NAME		_	4.2 NAN				L	Johnnyo	LT POOUGH
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CITY	Y-\$1	- ZIP				
TOLE		☐ DELETE	5 1 717	5 1 TITLE				] Change	☐ Addition
NAME			5.2 NAM						
STREET ADDRESS					ADDRESS				
DITY-ST-ZIP		DELETE	5 4 CITY 6. 1 TIT		-ZIP			1 Oha	
NAME			6.2 NAN				L	) Change	☐ Addition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 CITY						

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 chapter 607 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 954-779-1618