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**PROFIT** CORPORATION ANNUAL REPORT



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

1996

Principal Place	ANAGEMENT CORP.  of Business  PLE ROAD. #302 BEACH FL 33064	Mailing Address  50 E. SAMPLE ROAL POMPANO BEACH F					
				3. Date Incorporated or Qualified 01/05/1988	1	of Last R 04/28/1	
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number			Applied For
1		26		59-2866892		<b>⊢</b> -∔	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional
City & State		City & State		F. Floation Compaign Financia			Required
3		28		6. Election Campaign Financing Trust Fund Contribution			<b>0</b> May Be d to Fees
<i>Z</i> ∙p ∷1	Country	Zip	Country	8. This corporation has liability for	intangible ta:		
4	25   9. Name and Address of Curre	29	30	Florida Statutes Yes	☐ No		,
	9, Name and Address of Carre	in Registered Agent	81 Name	10. Name and Address of New F	Registered A	Agent	
TODD H	1 MURRAY						
	AMPLE RD		82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)		
STE 20	2		83				
POMPA	NO BEACH FL 33064		84 City				
			- '		FL	1 1 '	p Code
<ol> <li>Pursuant to or registered</li> </ol>	the provisions of Sections 607,050 diagent, or both, in the State of Flor Land accept the obligations of Sec	2 and 607.1508, Florida Statute ida, Such change was authorize	es, the above-named corpo	pration submits this statement for the pur	pose of cha	nging its r	egistered office
	and account the obligations of Oss						
	, and accept the obligations or, Sec	tion 607.0505, Florida Statutes	, ,	ard of directors. I hereby accept the app	ointment as i	registered	agent. i am
SIGNATURE	Twine books the bongthone of, ob-		•	ard of directors. Thereby accept the appl	ointment as i	registered	ragent. I am
SIGNATURE	gnature, typed or printed name of registered agor		TE: Rugistereri Agont signature require	and of directors. Thereby accept the application reinstaing)	DA'E		
SIGNATURE si	gnature, typed or printed name of registered agor	nt and title it applicable. (NO	•	ard of directors. Thereby accept the appl	DA'E	DIRECTO	PRS (N 12
BIGNATURESI 12.	grahine, typed or printed namin of registered agrin  OFFICERS AN  D  NORMAN, DONALD	nt and titlinit applicable. (NO ND DIRECTORS	TE: Registered Agent signature require	and of directors. Thereby accept the application reinstaing)	DA'E		
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954-942-9997