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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # K11047

(3)

| Principal Place               | EMPORARY SERVICES, IN<br>the of Business<br>ATE RTD 7 | Mailing Address 4410 N. STATE RD 7 |  |   |                                       |
|-------------------------------|---|------------------------------------|--|---|---------------------------------------|
| FT. LAUDERDALE FL 33319<br>US |   | FT. LAUDERDALE FL 33319<br>US      |  | 3. Date Incorporated or Qualified 01/07/1988  | 3a. Date of Last Report 04/17/1995    |
| 21                            | Place of Business                                     | 2a. Mailing Address<br>26          |  | 4. FEI Number 65-0020730  | Applied For Not Applicable            |
| Suite, Apt. #, etc.           |   | Suite, Apt. #, etc.                |  | 5. Certificate of Status Desired  | \$8.75 Additional                     |
| Crty & State                  |   | City & State                       |  |   | Fee Required                          |
| 23                            |   | 28                                 |  | Election Campaign Financing     Trust Fund Contribution                                 | \$5.00 May Be                         |
| Zıp                           | Country   | Zip                                | Country  | 8. This corporation has liability for in  | Added to Fees                         |
| 24                            | 25  | 29                                 | 30   | Florida Statutes Yes  |                                       |
|                               | 9. Name and Address of Curre                          | ent Registered Agent               |  | 10. Name and Address of New Re  |                                       |
| 858141                        |   |                                    | 81 Name  |   |                                       |
|                               | ER, ALAN R.   |                                    | 82 Street Add  | ress (P.O. Box Number is Not Acceptable   | e)                                    |
|                               | STATE ROAD 7  |                                    |  |   |                                       |
| 100                           | JDERDALE FL 33319                                     |                                    | 83   |   |                                       |
| FI. LAU                       | DERDALE PL 33319                                      |                                    | 84 City  |   | 85 Zip Code                           |
| 11 Pursuant                   | to the provisions of Spatiana SOV OSC                 | 30 and 607 1500 Ft. 14. Dr.        |  |   |                                       |
| or registe                    | red agent, or both, in the State of Flo               | rida. Such change was authori:     | tes, the above-named corpor<br>zed by the corporation's boar | ration submits this statement for the purp<br>rd of directors. Thereby accept the appoi | ose of changing its registered office |
|                               | ith, and accept the obligations of Sec                | ction 607.0505, Florida Statute:   | 9  | and amounts. Thereby Goodpt the appoint   | innent as registered agent. Lan       |
| SIGNATURE                     | Signature, typed or protect name of regularied age    | Charact thank 20 min. and          | TE Bloge fered Agent signature require                       |   |                                       |
| 12.                           |   | ND DIRECTORS                       | 13.  |   | DA't                                  |
| TITLE                         | A VP  | ☐ DELETE                           | 1 1 TITLE  | ADDITIONS/CHANGES TO OFFIC  | Change Addition                       |
| NAME                          | BERLINER, ALANS                                       |                                    |  | LAN BERLINGE  | Change 1 Addition                     |
| STREET ADDRESS                | 4410 N STATE ROAD 7                                   |                                    | 1.3 STREET ADDRESS   | 4410 N STATE ROAD   | >                                     |
| CITY - ST - ZIP               | FT. LAUDERDALE FL                                     |                                    | 1.4 CITY - ST - ZIP  | FT LAMORROPH FL   | 2                                     |
| TITLE                         | VP  | ☐ DELETE                           | 2 1 TITLE  | 79  | Change Addition                       |
| NAME                          | Jagan Ryans   |                                    | 22 NAME  | chood Lubeau .  |                                       |
| STREET ADDRESS                |   |                                    | 2 3 STREET ADDRESS   | KIN PEDBLE BEACH ROME   |                                       |
| CITY-ST-ZIP                   |   |                                    | 2.4 CITY - ST - ZIP  | MORTABLION IL 60  | 062                                   |
| TITLE                         | 1   | ☐ DELETE                           | 3 1 THTLE  |   | ☐ Change ☐ Addition                   |
| NAME                          | guneo Broses  | 1                                  | 3 2 NAME   | WARD BROOKS   | _ , 7                                 |
| STREET ADORESS                |   | <b>,</b>                           | 33 STREET ADDRESS  | YYIO A FRATE RIAD 7   |                                       |
| CITY-ST-ZIP                   |   |                                    | 3 4 CITY-ST-ZIP  | T LANDERDALL FL.  | אנגנ                                  |
| THLE                          |   | ☐ DELETE                           | 4. 1 TITLE   |   | Change Addition                       |
| NAME                          |   |                                    | 4.2 NAME   |   | _                                     |
| STREET ADDRESS                |   |                                    | 4.3 STREET ADDRESS   |   |                                       |
| CITY - ST - ZiF               |   |                                    | 44 CITY+ST-ZIP   |   |                                       |
| TITLE                         |   | □ DELETE                           | 5 1 TITLE  |   | ☐ Change ☐ Addition                   |
| NAME<br>CIRCII ADODEGO        |   |                                    | 5.2 NAME   |   |                                       |
| STREET ADDRESS                |   |                                    | 5.3 STREET ADDRESS   |   | ł                                     |
| CITY-ST-ZIP<br>TITLE          |   | Process                            | 5 4 CITY - ST - ZIP  |   |                                       |
| NAME                          |   | DELE IE                            | 6 1 TITLE  |   | Change Addition                       |
|                               |   |                                    | 62 NAME  |   |                                       |
| STREFT ADDRESS                |   |                                    | 6.3 STREET ADORESS   |   |                                       |
| CITY-ST-ZIP                   |   |                                    | 6.4 CITY - ST - ZiP  | r the exemption stated in Section 119.07  |                                       |

SIGNATURE:

D<sub>o</sub>te: Dayt me Prone #