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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996		DIV	Secretar ISION OF C	•	IONS					
DOCU 1. Corporation	MENT #	K11777		(5)							
330 LII	DO CORP.										(* 818 1) 818 1) 18 9 1
Principal Place	e of Business		Mailing Addres	is.			 -			IX BIBII BIBII BIB	
% HRAWG C			% HRAWG C								
2000 GLADE	S ROAD. S-400		2000 GLADES		100						
BOCA RATO	N FL 33431		BOCA RATOR	N FL 33431				Date Incorporated or Quai	lifed 3a.	Date of Last 05/01/19	
	lace of Business		2a. Mailing Ado	dress			4. F	El Number	 		Applied For
Suite, Apt.	# otc		26 Pulte Ant	# ata				65-0024974			Not Applicable
22	#, etc.		Suite, Apt. :	#, etc.			5. 0	Certificate of Status Desire	ed 🔲	•	5 Additional Required
City & State	e		City & State	9				lection Campaign Financ rust Fund Contribution	irg 🔲		00 May Be ed to Fees
Z(p 24	25		Zip 29		Countr 30	у	•	his corporation has liabilitionida Statutes	ty for intangit Yes □ N		s 199.032,
	9. Name and A	ddress of Current R	legistered Agent	l		. T	10. h	lame and Address of N	lew Registe	red Agent	
LIBAUA	CODD				8	Name					
HRAWG	LAGES ROAD				82	Street .	Address (P.O	. Box Number is Not Acc	eptable)		
SUITE 4					83	3					
BOCA R	SATUN EL 3343 I										
	RATON FL 33431	Sections 607 0502 an	d 607 1508. Élorid	da Statutes	the above	1 '	yporation sub	omits this statement for th		FLITT	registered office
11. Pursuant t	to the provisions of red agent, or both, i th, and accept the	n the State of Florida. bbligations of, Section	Such change was 607.0505, Florida	s authorized a Statutes	the above by the cor	-named co poration's	board of dire	omits this statement for the ctors. I hereby accept the	ne purpose o a appointmen	f changing its	registered office
11. Pursuant to or register familiar wi	to the provisions of red agent, or both, i th, and accept the	Sections 607.0502 and the State of Florida obligations of, Section control of registered agont and OFFICERS AND D	Such change was 607.0505, Florida	s authorized a Statutes	the above by the cor	-named co poration's	toard of dire	ctors. I hereby accept the	ne purpose o e appointmen	f changing its not as registere	registered office d agent. I am
11. Pursuant to or register familiar wire SIGNATURE	to the provisions of red agent, or both, ith, and accept the disprature, typed or pented	in the State of Florida. abligations of, Section name of registered agont and OFFICERS AND D	Such change was 607.0505, Florida	s authorized a Statutes Note	the above by the cor	-named co poration's ant signature r	toard of dire	ctors. I hereby accept the	ne purpose o e appointmen	f changing its not as registere	registered office d agent. I am ORS IN 12
11. Pursuant or register familiar with SIGNATURE 12.	to the provisions of red agent, or both, ith, and accept the considerable. Signature, typed or pented DP BARTON, LO	n the State of Florida. obligations of, Section name of registered agont and OFFICERS AND D	Such change was 607.0505, Florida He if applicable.	s authorized a Statutes Note	the above by the cor	-named or poration's ant sgnature r	toard of dire	ctors. I hereby accept the	ne purpose o e appointmen	F L of changing its of changing its of as registere	registered office d agent. I am ORS IN 12
11. Pursuant to or register familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS	to the provisions of red agent, or both, ith, and accept the dissipation, typed or printed DP BARTON, LOI 491 ALPINE N	In the State of Florida. Abbligations of, Section Inance of registered aport and OFFICERS AND D J ANN //EW	Such change was 607.0505, Florida He if applicable.	s authorized a Statutes Note	Registered Age 13. 1 1 TITLE 12 NAME	-named coporation's	toard of dire	ctors. I hereby accept the	ne purpose o e appointmen	F L of changing its of changing its of as registere	registered office d agent. I am ORS IN 12
11. Pursuant to or register familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	to the provisions of red agent, or both, in th, and accept the of Signature, typed or pented DP BARTON, LOI 491 ALPINE VILL	In the State of Florida. Abbligations of, Section Inance of registered aport and OFFICERS AND D J ANN //EW	Such change was 607.0505, Florida the Parpicable. IRECTORS	s authorized a Statutes. NOTE	the above by the cor Registered Age 13. 1 1 TITLE 12 NAME 1 3 STREE 1.4 CITY	-named coporation's ant squature r	toard of dire	ctors. I hereby accept the	ne purpose o e appointmen	of changing its of as registere its AND DIRECT Change	registered office d agent. I am ORS IN 12 Addition
11. Pursuant to or register familiar with SIGNATURE. 12. THE NAME STREET ADDRESS CITY-ST-ZIP	to the provisions of red agent, or both, in th, and accept the distribution of the signature, typed or printed DP BARTON, LOI 491 ALPINE VILL ST	In the State of Florida. Subligations of, Section Transcoff registered agont and OFFICERS AND D J ANN //EW AGE NV	Such change was 607.0505, Florida He if applicable.	s authorized a Statutes. NOTE	the above by the cor Registered Age 13. 1 1 TITLE 12 NAME 1.4 CITY- 2 1 TITLE	-named or poration's smaller r	toard of dire	ctors. I hereby accept the	ne purpose o e appointmen	F L of changing its of changing its of as registere	registered office d agent. I am ORS IN 12 Addition
11. Pursuant or register familiar with SIGNATURE. 12. THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME	to the provisions of red agent, or both, ith, and accept the distributions of the distribution of the dist	in the State of Florida. obligations of, Section frame of registered agent and OFFICERS AND D J ANN //EW AGE NV	Such change was 607.0505, Florida the Parpicable. IRECTORS	s authorized a Statutes. NOTE	The above by the cor Registered Age 13. 1 1 TITLE 12 NAME 13 STREE 1.4 CITY- 2 1 TITLE 22 NAME	-named coporation's smit signature in address SI - ZIP	toard of dire	ctors. I hereby accept the	ne purpose o e appointmen	of changing its of as registere its AND DIRECT Change	registered office d agent. I am ORS IN 12 Addition
11. Pursuant to or register familiar with SIGNATURE. 12. THE NAME STREET ADDRESS CITY-ST-ZIP	to the provisions of red agent, or both, in th, and accept the distribution of the signature, typed or printed DP BARTON, LOI 491 ALPINE VILL ST	In the State of Florida. obligations of, Section operations of registered agent and OFFICERS AND D J ANN JEW AGE NV J ANN JEW J ANN JEW	Such change was 607.0505, Florida the Parpicable. IRECTORS	s authorized a Statutes. NOTE	The above by the cor Registered Age 13. 1 1 TITLE 12 NAME 13 STREE 1.4 CITY- 2 1 TITLE 22 NAME 2.3 STREE	named coporation's smit signature in address SI-ZIP	toard of dire	ctors. I hereby accept the	ne purpose o e appointmen	of changing its of as registere its AND DIRECT Change	registered office d agent. I am ORS IN 12 Addition
11. Pursuant or register familiar with SIGNATURE. 12. THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	to the provisions of red agent, or both, ith, and accept the signature, typed or pented DP BARTON, LOI 491 ALPINE VILL ST BARTON, LOI 491 ALPINE VILL ST	In the State of Florida. obligations of, Section of registered agent and OFFICERS AND D J ANN JEW AGE NV J ANN JEW J ANN JEW	Such change was 607.0505, Florida the Parpicable. IRECTORS	S authorized a Statutes. (NOTE: LETE	The above by the cor Registered Age 13. 1 1 TITLE 12 NAME 13 STREE 1.4 CITY- 2 1 TITLE 22 NAME	named coporation's smit signature in address SI-ZIP	board of dire	ctors, I hereby accept the	ne purpose o e appointmen	of changing its of as registere its AND DIRECT Change	registered office d agent. I am ORS IN 12 Addition
11. Pursuant or register familiar with SIGNATURE. 12. TITLE NAME. STREET ADDRESS CITY-ST-ZIP. TITLE NAME. STREET ADDRESS. CITY-ST-ZIP. TITLE.	to the provisions of red agent, or both, ith, and accept the signature, typed or pented DP BARTON, LOI 491 ALPINE VILL ST BARTON, LOI 491 ALPINE VILL ST	In the State of Florida. obligations of, Section of registered agent and OFFICERS AND D J ANN JEW AGE NV J ANN JEW J ANN JEW	Such change was 607.0505, Florida Ith, if a pheatie IRECTORS IRECTORS	S authorized a Statutes. (NOTE: LETE	Registered Age 13. 1 1 TITLE 12 NAME 13 STREE 1.4 CITY- 2 1 TITLE 22 NAME 2.3 STREE 2.4 CITY-	-named coporation's smallure r If ADDRESS ST-ZIP	D/P/S/	ctors. I hereby accept the	ne purpose o e appointmen	of changing its of changing its of changing its of change Change	registered office d agent. I am ORS IN 12 Addition
11. Pursuant or register familiar with SIGNATURE. 112. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	to the provisions of red agent, or both, ith, and accept the signature, typed or pented DP BARTON, LOI 491 ALPINE VILL ST BARTON, LOI 491 ALPINE VILL ST	In the State of Florida. obligations of, Section of registered agent and OFFICERS AND D J ANN JEW AGE NV J ANN JEW J ANN JEW	Such change was 607.0505, Florida Ith, if a pheatie IRECTORS IRECTORS	S authorized a Statutes. (NOTE: LETE	Registered Age 13. 1 1 TITLE 12 NAME 13 STREE 22 NAME 2.3 STREE 2.4 CITY- 3 1 TITLE 3.2 NAME	-named coporation's smallure r If ADDRESS ST-ZIP	D/P/5/ Lashle	rtors. I hereby accept the	ne purpose de appointmen	of changing its of the change is the change if the change is the change if the change is the change	registered office d agent. I am ORS IN 12 Addition
11. Pursuant or register familiar with signal to the same street address city-st-zip title name street address city-st-zip	to the provisions of red agent, or both, ith, and accept the signature, typed or pented DP BARTON, LOI 491 ALPINE VILL ST BARTON, LOI 491 ALPINE VILL ST	In the State of Florida. obligations of, Section of registered agent and OFFICERS AND D J ANN JEW AGE NV J ANN JEW J ANN JEW	Such change was 607.0505, Florida INC Papicable. IRECTORS ST 0E1	ETE LETE	Registered Age 13. 1 1 TITLE 12 NAME 13 STREE 1.4 CITY- 2 1 TITLE 22 NAME 2.3 STREE 2.4 CITY- 3 1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-	-named coporation's sent signature in the signature in th	D/P/5/ Lashle	ctors. I hereby accept the	ne purpose de appointmen	of changing its not as registers TE AND DIRECT Change	registered office d agent. I am ORS IN 12 Addition Addition
11. Pursuant or register familiar with SIGNATURE. 112. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	to the provisions of red agent, or both, ith, and accept the signature, typed or pented DP BARTON, LOI 491 ALPINE VILL ST BARTON, LOI 491 ALPINE VILL ST	In the State of Florida. obligations of, Section of registered agent and OFFICERS AND D J ANN JEW AGE NV J ANN JEW J ANN JEW	Such change was 607.0505, Florida Ith, if a pheatie IRECTORS IRECTORS	ETE LETE	The above by the cor Registered Age 13. 1 1 TITLE 12 NAME 13 STREE 24 CITY- 3 1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4 1 TITLE	-named coporation's smalture r r r r r r r r r r r r r r r r r r	D/P/5/ Lashle	rtors. I hereby accept the	ne purpose de appointmen	of changing its of the change is the change if the change is the change if the change is the change	registered office d agent. I am ORS IN 12 Addition
11. Pursuant or register familiar with SIGNATURE. 112. TITLE NAME STREFT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provisions of red agent, or both, ith, and accept the signature, typed or pented DP BARTON, LOI 491 ALPINE VILL ST BARTON, LOI 491 ALPINE VILL ST	In the State of Florida. obligations of, Section of registered agent and OFFICERS AND D J ANN JEW AGE NV J ANN JEW J ANN JEW	Such change was 607.0505, Florida INC Papicable. IRECTORS ST 0E1	ETE LETE	Registered Age 13. 1 1 TITLE 12 NAME 13 STREE 24 CITY- 3 1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME	-named coporation's smallure restriction's smallure restriction of the smallure restri	D/P/5/ Lashle	rtors. I hereby accept the	ne purpose de appointmen	of changing its not as registers TE AND DIRECT Change	registered office d agent. I am ORS IN 12 Addition Addition
11. Pursuant or register familiar with signature. 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME STREET ADDRESS	to the provisions of red agent, or both, ith, and accept the signature, typed or pented DP BARTON, LOI 491 ALPINE VILL ST BARTON, LOI 491 ALPINE VILL ST	In the State of Florida. obligations of, Section of registered agent and OFFICERS AND D J ANN JEW AGE NV J ANN JEW J ANN JEW	Such change was 607.0505, Florida INC Papicable. IRECTORS ST 0E1	ETE LETE	The above by the cor large standard Age of the cor large standard Age of the correct s	-named coporation's smaller report of the second se	D/P/5/ Lashle	rtors. I hereby accept the	ne purpose de appointmen	of changing its not as registers TE AND DIRECT Change	registered office d agent. I am ORS IN 12 Addition Addition
11. Pursuant or register familiar with signal to the famil	to the provisions of red agent, or both, ith, and accept the signature, typed or pented DP BARTON, LOI 491 ALPINE VILL ST BARTON, LOI 491 ALPINE VILL ST	In the State of Florida. obligations of, Section of registered agent and OFFICERS AND D J ANN JEW AGE NV J ANN JEW J ANN JEW	Such change was 607.0505, Florida INC Papicable IRECTORS ST 0E1	LETE LETE LETE	Registered Age 13. 1 1 TITLE 12 NAME 13 STREE 24 CITY- 3 1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME	-named coporation's smaller report of the second se	D/P/5/ Lashle	rtors. I hereby accept the	ne purpose de appointmen	of changing its not as registers TE AND DIRECT Change	registered office d agent. I am ORS IN 12 Addition Addition
11. Pursuant or register familiar with signature. 12. Title hame street address city-st-zip title name street address city-st-zip title name street address city-st-zip title name street address city-st-zip.	to the provisions of red agent, or both, ith, and accept the signature, typed or pented DP BARTON, LOI 491 ALPINE VILL ST BARTON, LOI 491 ALPINE VILL ST	In the State of Florida. obligations of, Section of registered agent and OFFICERS AND D J ANN JEW AGE NV J ANN JEW J ANN JEW	Such change was 607.0505, Florida If the Pay pleash is IRECTORS TO BE 1 DE 1	LETE LETE LETE	The above by the cor large standard age of the cor large standard age of the correct s	-named coporation's smit signature in signature in the si	D/P/5/ Lashle 491 Al	Tree, Hal	DA DOFFICERS	f L of changing its of changing its of change its of chang	registered office d agent. I am ORS IN 12 Addition Addition
11. Pursuant or register familiar with signature. 12. Title hame Street address city-st-zip Title Name Street address City-st-zip	to the provisions of red agent, or both, ith, and accept the signature, typed or pented DP BARTON, LOI 491 ALPINE VILL ST BARTON, LOI 491 ALPINE VILL ST	In the State of Florida. obligations of, Section of registered agent and OFFICERS AND D J ANN JEW AGE NV J ANN JEW J ANN JEW	Such change was 607.0505, Florida If the Pay pleash is IRECTORS TO BE 1 DE 1	LETE LETE LETE	The above by the cor by the cor large standard Age of the cor large standard Age of the correction of	-named coporation's smit signature in signature in the si	D/P/5/ Lashle 491 Al	Tree, Hal	DA DOFFICERS	f L of changing its of changing its of change its of chang	registered office d agent. I am ORS IN 12 Addition Addition
11. Pursuant or register familiar with signature. 12. Title hame Street address city-st-zip Title NAME	to the provisions of red agent, or both, ith, and accept the signature, typed or pented DP BARTON, LOI 491 ALPINE VILL ST BARTON, LOI 491 ALPINE VILL ST	In the State of Florida. obligations of, Section of registered agent and OFFICERS AND D J ANN JEW AGE NV J ANN JEW J ANN JEW	Such change was 607.0505, Florida If the Pay pleash is IRECTORS STATE OF I	LETE LETE LETE	The above by the cor by the cor large standard Age of the cor large standard Age of the correction of	-named coporation's -named	D/P/5/ Lashle 491 Al	Tree, Hal	DA DOFFICERS	f L of changing its of changing its of change its of chang	registered office d agent. I am ORS IN 12 Addition Addition
11. Pursuant or register familiar with signature. 12. Title hame. Street address city-st-zip. Title hame.	to the provisions of red agent, or both, ith, and accept the signature, typed or pented DP BARTON, LOI 491 ALPINE VILL ST BARTON, LOI 491 ALPINE VILL ST	In the State of Florida. obligations of, Section of registered agent and OFFICERS AND D J ANN JEW AGE NV J ANN JEW J ANN JEW	Such change was 607.0505, Florida If the Pay pleash is IRECTORS TO BE 1 DE 1	LETE LETE LETE	Registered Age 13. 1 1 TITLE 12 NAME 13 STREE 14 CITY- 2 1 TITLE 2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5 1 TITLE 5 2 NAME 5 3 STREE 5 3 STREE	-named coporation's -named	D/P/5/ Lashle 491 Al	rtors. I hereby accept the	DA DOFFICERS	f L of changing its of changing its of change its of chang	registered office d agent. I am ORS IN 12 Addition Addition
11. Pursuant to or register familiar with signature. 12. Title NAME STREFT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provisions of red agent, or both, ith, and accept the signature, typed or pented DP BARTON, LOI 491 ALPINE VILL ST BARTON, LOI 491 ALPINE VILL ST	In the State of Florida. obligations of, Section of registered agent and OFFICERS AND D J ANN JEW AGE NV J ANN JEW J ANN JEW	Such change was 607.0505, Florida If the Pay pleash is IRECTORS STATE OF I	LETE LETE LETE	The above by the cor by the cor large street age of the co	-named coporation's -named	D/P/5/ Lashle 491 Al	Tree, Hal	DA DOFFICERS	f L of changing its of changing its of change its of chang	registered office d agent. I am ORS IN 12 Addition Addition Addition
11. Pursuant or register familiar with signature. 12. Title hame. Street address city-st-zip. Title hame.	to the provisions of red agent, or both, ith, and accept the signature, typed or pented DP BARTON, LOI 491 ALPINE VILL ST BARTON, LOI 491 ALPINE VILL ST	In the State of Florida. obligations of, Section of registered agent and OFFICERS AND D J ANN JEW AGE NV J ANN JEW J ANN JEW	Such change was 607.0505, Florida If the Pay pleash is IRECTORS STATE OF I	LETE LETE LETE	The above by the cor by the cor large street age of the co	-named coporation's -named	D/P/5/ Lashle 491 Al	Tree, Hal	DA DOFFICERS	f L of changing its of changing its of change its of chang	registered office d agent. I am ORS IN 12 Addition Addition Addition

certity 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 for on an attachment with an address.

Hal Lashlee, Pres.

4-18-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone •

SIGNATURE: _