## 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



1. Corpor.	UMENT # <b>K2(</b> ation Name VRENCE D. DAHMAN RE	(_)			I ITTIENI SIS NON BANG BANG SAN	i Addi didik didik didik didik	<b>d</b> ji <b>d</b> idii <b>d</b> idii idal
Delegation (D							
Principal Place of Business Mailing Address							911 91911 B1815 4981
855 SOUTH FEDERAL HWY SUITE 212 BOCA RATON FL 33432		SUITE 212					
DOON IN	1011 11. 30402	BOCA RATON FL 3343	2		3. Date Incorporated or Qualified	3a. Date of Last	•
2. Principa	al Place of Business	2a. Mailing Address	<del></del>	<u>-</u>	04/11/1988 4. FEI Number	04/26/1	<del></del>
21		26	<del>                                     </del>			<del> </del> -	Applied For Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				65-0043474  5. Certificate of Status Desired \$8.7		75 Additional
22	No. to	27			Certificate of Status Desired	1 1	e Required
City & S 23	state	City & State	<b>├</b> ─ <b>1</b> '		Election Campaign Financing     Trust Fund Contribution		00 May Be led to Fees
Ζφ <b>24</b>	Country 25	Ζφ <b>29</b>	Country 30		8. This corporation has liability for intangible tax under s 199.032,		
<u></u>		Current Registered Agent	[30]		Florida Statutes Yes  10. Name and Address of New R		
			81	Name	10. Flame and Addition of Real Pr	iegistered Agent	
	MAN, LAWRENCE D.		82	Street Add	ress (P.O. Box Number is Not Acceptab	vie)	
	S FEDERAL HWY E 212		<b>B3</b>				
	E 212 A RATON FL 33432		63				
BOOK INTOKTE SONSE			84	City		FL 85	Zip Code
11. Pursua	ant to the provisions of Sections 6	07.0502 and 607.1508, Florida Statute	s, the above-n	amed corpo	ration submits this statement for the pur	<del>-</del>	registered office
		of Florida. Such change was authorize of, Section 607.0505, Florida Statutes.	d by the corpo	pration's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	pintment as registere	ed agent. I am
SIGNATUR							
12.	Signature, typed or printed name of regist	ered agont and title if applicable (NOT ERS AND DIRECTORS	E: Registered Agent	signature require		DATE	
TITLE	PD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECT	
NAME	DAHMAN, LAWRENCE		1.2 NAME 1.3 STREET ADDRESS			L Criange	Addition
STREET ADDRES	4 4						
CITY-ST-ZIP	BOCA RATON FL			- ZIP			
TITLE	1	VTS DELETE				☐ Change	Addition
NAME	DAHMAN, SANDRA R.		2.2 NAME				
STREET ADDRES	,		23 STREET ADDRESS				
CITY-S1-ZIP	BOCA RATON FL	TO DELETE	24 CITY - ST - ZIP				
NAME		☐ pereis	3 1 TITLE			☐ Change	Addition :
STREET ADDRES			3.2 NAME 3.3. STREET	VDDDEGE			
CITY-\$1-ZIP			3.3. STREET	ľ			
TITLE		DELETE 4.13				Change	Addition
NAME			4.2 NAME				
STREET ADDRES	SS		4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5 1 TITLE			☐ Change	Addition
NAME CARGET ADDRESS			52 NAME				
STREET ADDRES	do de		5.3 STREET ADDRESS				
CITY - ST - ZIP TITLE		☐ DELE1E	5.4 CITY-ST-ZIP			F7 A.	
NAME			6.1 TITLE			☐ Change	Addition
STREET ADDRES	s		6.2 NAME 6.3 STREET A	MARERE			
CITY-ST-ZIP			6.4 CITY-ST-				
14. I do her	eby certify that the information su	pplied with this filing is voluntarily furnis	hed and does	not qualify for	or the exemption stated in Section 119.0	07(3)(k), Florida Statu	ites. I further

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 signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if sharped, or in an attachment with an address.

SIGNATURE: