Suite April 8, etc.	' GOR ANNU	PROFIT PORATION JAL REPORT 1996	F	Sandra Secre	ARTMENT OF STA B. Mortham tary of State F CORPORATION					
201 S.W. 70TH AVENUE DAVE FL 33917 2 Principles Place of Business 2 A. Maining Arizeress 3 D. Definition of Business 3 D. Definition of Business 4 A. Eff Business 5 D. Definition of Business 5 D. Definition of Business 5 D. Definition of Business 6 D. Certification of Sast Departed Next Application of Business 7 D. Definition of Business 7 D. Definition of Business 8 D. Definition of Business 9 D. Maine and Address of Current Registered Apent 10 D. Maines and Address of Current Registered Apent 11 D. Rainess and Application of Business 9 D. Maine and Address of Current Registered Apent 12 D. Served Address of Current Registered Apent 13 Name 14 Carrent 15 Name 16 Name 17 Name Address of Current Registered Apent 16 Name 17 Name Address of Current Registered Apent 17 D. Rainess and Application of Sections 607 DEGGS and 602 1500. Funds Statutes by the corporation business the application of the purpose of Challego is registered of Carrent Registered Apent 17 D. Parasent to this proteinant of Sections 607 DEGGS and 602 1500. Funds Statutes by the corporation business the application for the purpose of Challego is registered of Carrent Registered Apent 19 D. Section 607 DEGGS and 602 1500. Funds Statutes by the corporation business the application for the purpose of Challego is registered of Carrent Registered Apent 19 D. Section 607 DEGGS and 602 1500. Funds Statutes by the corporation business the application for the purpose of Challego is registered of Carrent Registered Apent 19 D. Section 607 DEGGS and 602 1500. Funds Statutes by the corporation business the application for the purpose of Challego is registered of Carrent Registered Apent 19 D. Section 607 DEGGS and 602 1500. Funds Statutes by the corporation business the application for the purpose of Challego is registered for the Carrent Registered Apent 19 D. ADDITION SCHANICES AND DEGGS and 602 1500. Funds Statutes and 602 1500. Funds Statutes) ft in	(4)			Î 1851î BHECCO M	il Billi ven met	18 N. B. S.	
2. Principal Plane of Business 2. Maring Address 3. Dynamics and Capture January J	2031 S.W. 70	OTH AVENUE	2031 S.	W. 70TH AVEN	IUE					<u>'</u>
26	,						8-3-	1988	3a. Date of Las	Report 99
Size, Agil, etc. Surfice, Agil, etc. Su	2. Principai Pia	¬ '					4. FEI Number	6619	1	
City & State 20		#, etc		Apt. #, etc.			5. Certificate of Stat	us Desired	7	75 Additional
20 Country 20 Country 20 Country 20 Country 20 Country 8 Trust Except Contribution	City & State	3		State					\$5	
9. Name and Address of Current Registered Agent 10. Name and Address of Expert Agent KASTNER, JEFFREY D 10011 PINES BLVD. SUTE #103 PHABEROKE PINES FL 33024 12. Street Address & P.O. Box Number is Not Acceptable) 13. Name 14. Correct Address & P.O. Box Number is Not Acceptable) 15. Correct Address & P.O. Box Number is Not Acceptable) 16. Correct Address & P.O. Box Number is Not Acceptable) 17. Pursuant to it in provisions of Sections 607 0505 Florical Statutes 18. Correct Address & P.O. Box Number is Not Acceptable) 18. Correct Address & P.O. Box Number is Not Acceptable) 18. Correct Address & P.O. Box Number is Not Acceptable) 18. Correct Address & P.O. Box Number is Not Acceptable) 18. Correct Address & P.O. Box Number is Not Acceptable) 18. Correct Address & P.O. Box Number is Not Acceptable) 18. Correct Address & P.O. Box Number is Not Acceptable) 18. Correct Address & P.O. Box Number is Not Acceptable) 18. Correct Address & P.O. Box Number is Not Acceptable) 18. Correct Address & P.O. Box Number is Not Acceptable) 18. Correct Address & P.O. Box Number is Not Acceptable) 18. Correct Address & P.O. Box Number is Not Acceptable) 18. Correct Address & P.O. Box Number is Not Acceptable) 18. Correct Address & P.O. Box Number is Not Acceptable) 18. Correct Address & P.O. Box Number is Not Acceptable) 18. Correct Address & P.O. Box Number is Not Acceptable) 18. Correct Address & P.O. Box Number is Not Acceptable) 18. Correct Address & P.O. Box Number is Not Acceptable) 18. Correct Address & P.O. Box Number is Not Acceptable) 19. Correct Address & P.O. Box Number is Not Acceptable) 19. Correct Address & P.O. Box Number is Not Acceptable) 19. Correct Address & P.O. Box Number is Not Acceptable) 19. Correct Address & P.O. Box Number is Not Acceptable) 19. Correct Address & P.O. Box Number is Not Acceptable) 19. Correct Address & P.O. Box Number is Number Address & P.O. Box Number A	23	Counts	····		0		Trust Fund Contri	bution	Ad	ded to Fees
Section 2015 Sect	ΖΙΡ 24	25	29		<u> </u>					s 199.032,
KASTNER, JEFFREY D 10011 PINES BLVD. SUITE #103 PEMBROKE PINES FL 33024 #4 City FL 85 Zer Code PEMBROKE PINES FL 33024 #5 City FL 85 Zer Code PEMBROKE PINES FL 33024 #6 City FL 85 Zer Code PEMBROKE PINES FL 30024 #6 City FL 85 Zer Code PEMBROKE PINES FL 30024 #6 City FL 85 Zer Code PEMBROKE PINES FL 30024 #6 City FL 85 Zer Code PEMBROKE PINES FL 30024 #6 City FL 85 Zer Code PEMBROKE PINES FL 30024 #6 City FL 80 Zer Code PEMBROKE PINES FL 30024 #6 City FL 80 Zer Code PEMBROKE PINES FL 30024 #6 City FL 80 Zer Code PEMBROKE PINES FL 30024 #6 City FL 80 Zer Code PEMBROKE PINES FL 30024 #6 City FL 80 Zer Code PEMBROKE PINES FL 30024 #6 City FL 80 Zer Code PEMBROKE PINES FL 30024 #6 City FL 80 Zer Code PEMBROKE PINES FL 30024 #6 City FL 80 Zer Code PEMBROKE PINES FL 30024 #6 City FL 80 Zer Code PEMBROKE PINES FL 30024 #6 City FL 80 Zer Code PEMBROKE PINES FL 30024 #6 City FL 80 Zer Code PEMBROKE PINES FL 30024 #6 Ci		9. Name and Address of Curr	ent Registered	Agent	941	1	10. Name and Addr	ess of New R	egistered Agent	
10.011 PIKES BLVD. SUITE #103 PENBROKE PIKES FL 33024 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered disprile or both in the State of Florida Sucretic lunings was authorized by the corporation's board of deciders. I hereby accept the appointment as registered algorit. Lambde Statutes SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. In Title 15. TITLE 16. DT 17. RUSSELL, ERROL 2031 S.W. 70TH AVE. 18. SIREEL ADDRESS 2031 S.W. 70TH AVE. 19. SIREEL ADDRESS 2031 S.W. 70TH AVE. 19. SIREEL ADDRESS 2031 S.W. 70TH AVE. 21. SIREEL ADDRESS 2040 S.P. 22. 22. NAWE 33. SIREEL ADDRESS 2040 S.P. 22. 24. CHY 51. 2P 15. TITLE 16. Change Addition 25. NAWE 35. SIREEL ADDRESS 25. SIREEL ADDRESS 26. SIREEL ADDRESS 26. SIREEL ADDRESS 26. SIREEL ADDRESS 26. SIREEL ADDRESS 27. NAWE 35. SIREEL ADDRESS 27. NAWE 35. SIREEL ADDRESS 26. SIREEL ADDRESS 27. NAWE 35. SIREEL ADDRESS 27. NAWE 35. SIREEL ADDRESS 27. NAWE 35. SIREEL ADDRESS 27. NAWE 35. SIREEL ADDRESS 27. NAWE 35. SIREEL ADDRESS 27. NAWE 35. SIREEL ADDRESS 36. SIREE	VACTATE.	D #FFFDF1 D								
SUBTR #103 PRIMBROKE PINES FL 33024 FL Oily FL S ZP Code					B2 S	Street Addres	ss (P.O. Box Number is	Not Acceptab	le)	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Forida Statutes, the above named corporation's submits this statement for the purpose of changing its registered of or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0506, Priorida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN .? IT I					B3					
11. Pussant to the provisions of Sections 607 0502 and 607 1508. Fixed Statutes, the above named corporation's submits this statement for the purpose of changing its registered and or registered agent, or both in this State of Prode Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a fixed and the appointment as registered agent. I am a fixed and the appointment as registered agent. I am a fixed and the appointment as registered agent. I am a fixed and the appointment as registered agent. I am a fixed and the appointment as registered agent. I am a fixed and the appointment as registered agent. I am a fixed and the appointment as registered agent. I am an class at a fixed and the appointment as registered agent. I am an class at a fixed and the appointment as registered agent. I am an class at a fixed and the appointment as registered agent. I am an class at a fixed and the appointment as registered agent. I am an class at a fixed and the appointment as registered agent. I am an class at a fixed and the appointment as registered agent. I am an class at a fixed and the appointment as registered agent. I am an class at a fixed and the appointment as registered agent. I am an class at a fixed and the appointment as registered agent. I am an class at a fixed and the appointment as registered agent. I am an class at a fixed and the appointment as registered agent. I am an class at a fixed and the appointment as registered agent. I am an class at a fixed and the appointment and the appointment as registered agent. I am an class at a fixed and the appointment and the app	PEMBRO	DKE PINES FL 33024			84 (Dity			E1 85	Zip Code
THE RUSSELL ERROL 13 THE 12 ANME 12 ANME 13 STREET ADDRESS DAYE FL 33 31 T. DELETE 2 THE REPORT ADDRESS DAYE FL 33 31 T. DELETE 2 THE REPORT ADDRESS DAYE FL 33 31 T. DELETE 2 THE REPORT ADDRESS DAYE FL 33 31 THE REPORT ADDRESS DAYE FL 33 32 THE REPORT ADDRESS DAYE FL 33 THE REPORT ADDRESS DAYE FL 34 DRESS DAYE FL 34 D	SIGNATURE _	Signature, typed or printed name of register and	ent and tale if applicable	-iorida Statutes	S DTE: Registered Agent sk		vhen reinstaling)		DATE	
SIREET ADDRESS CITY-ST-ZP DAVIE FL 33317 DELETE 3 TITLE DELETE 3 TITLE DELETE 3 TITLE DELETE 3 TITLE DELETE 4 TITLE DELETE 5 TITLE DELETE TO DELETE				☐ DELETE				1020 10 011	···	····
DAVIE FL 33317						anree				
DELETE D					4					
STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 DELETE 3 TITLE AMME 3Z NAME 3Z NA		VS		DELETE	2 1 TITLE				☐ Chang	e Addition
TAMARAC FL 33321 DELETE DELETE					1	oncee				
THE Change Addition NAME 3.1 TIRE 3.2 NAME 3.3 STREET ADDRESS CHY-ST-2P THE DELETE 4.1 TIRE Addition NAME STREET ADDRESS CHY-ST-2P THE CHANGE STREET ADDRESS STREET ADDRES					1	1				
STREET ADDRESS CITY-ST-ZIP TILL DELETE 4 + TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5 1 FILE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5 1 FILE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5 1 FILE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5 1 FILE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6 1 TITLE DELETE FORMING ADDRESS THE PLANT ADDRESS TH				DELETE				-	Chang	e 🔲 Addition
City St-2iP Title DELETE 4 ' Title Addition AMME STREET ADDRESS City St-2iP Title DELETE 5 1 Title Change Addition Change Addition Change Addition Addition Addition Change Addition						Dacee				
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS STRE										
STREET ADDRESS CITY - ST-ZIP DELETE DELETE DELETE S 1 PTUE STREET ADDRESS CITY - ST-ZIP DELETE S 1 PTUE STREET ADDRESS CITY - ST-ZIP DELETE S 2 NAME S 3 STREET ADDRESS CITY - ST-ZIP DELETE S 1 NAME S 3 STREET ADDRESS CITY - ST-ZIP DELETE S 2 NAME S 2 NAME S 2 NAME S 3 STREET ADDRESS ST	TATEF			DECETE	4 ' THILE				Chang	je 🔲 Addition
CITY - ST - ZIP CITY - ST - ZIP TITLE DELETE \$ 1 PTLE Change Addition \$ 2 NAME \$ 3 SPIEET ADDRESS CITY - ST - ZIP THLE DELETE \$ 4 CHY - ST - ZIP THLE DELETE \$ 4 CHY - ST - ZIP THLE DELETE \$ 4 CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ 4 CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ 5 A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ 5 A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ 5 A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ 5 A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ 5 A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ A CHY - ST - ZIP \$ A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ A CHY - ST - ZIP THLE \$ 5 S ADDRESS \$ A CHY - ST - ZIP \$ A CH						nosee				
DELETE 5 1 PILE										
STREET ADDRESS OUTY ST-ZEP THE DELETE 6 1.T.ILE 6 1				DELETE					☐ Chang	e Addition
Statify State						ancee				
IN THE DELETE OF LITTLE 40001923040 Change Addition Addition Addition NAME STREET ADDRESS ###225.00						,				
STREET 400RESS 52 NAME 63 STREET ADDRESS 64 CITY - ST-ZIP 14. I do hereby cert ty that the information indicate it on the sumual report of supplemental annual property that the information indicate it on the sumual report of the corporation or threeders or threaten an efficiency of the corporation or three receiver or trapstee placeful this report or supplemental annual property in the analysis of the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicate it on the sumual report of the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicate it on the sumual report of the receiver or trapstee placeful true and accurate and that my signature shall have the same legal effect as if made unde appears in Block 12 or Block 13 if changed, or on an attachment with an abdress.				DELETE			400001	1923	044 Chang	je 🔲 Addition
64 CITY - ST-ZIP 14. I do hereby cert fy that the information is unpried with this filing is voluntarily furnished any does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicate is on the arrival report or supplemental annual proper to true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an other or director of the corporation or the receiver or trustee placeful of the receiver or trustee placeful of the receiver of the corporation of the receiver of the rec	1						-08/15/96-	-01030-	-038	
14. I do hereby cert by that the information is applied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicate contribution indicate contribution of the exemption of the same legal effect as if made under oath; that I am an efficient or director of the corporation or the receiver or tripstee of the dropped to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an abortest.	DITY - ST - ZIP						₹₹₹∠∠७.UU			
appears in Block 12 or Block 13 if changed, or on an attachment with an auditests		y cert fy that the information supplied the information indicate took on the sec	a with this filing is	voluntarily furn	sished and does n	ot qualify for	the exemption stated in	Section 119.	07(3)(k), Florida Sta	itutes. I further
	LECTION TO THE	and a second sec	a contepositor sup	pomona a//	Carlotte and a	ind according	and that my Signature	snan nave the	some legal effect a	an made under
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICE HORD DIRECTOR.	Daill, likili	armar cheer or urecust of the con-	counter of the rec	ceiver or trajste nt with an a¥dd	e introducerea to e	recute this r	opon as required by Ci	napier 607, Fil	orida Statutes; and	trial my name
	appears in	Block 12 or Block 13 if changed, or	potation or the rec rion an attachmer	nt with an addr		secute this A				