## 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

SIGNATURE: \_

K33252

(3)

1. Corporation	MENT # K332. IAL BUILDING COMPANI		(3)							
Principal Place	of Business	Ma	illing Address							OTANI BIRIN NATI
5702 VINTAGE OAKS CIR DELRAY BEACH FL 33484 US			5702 VINTAGE OAKS CIR DELRAY BEACH FL 33484 US							
03		'					3. Date Incorporated or Qualified 09/16/1988		of Last Re 2/28/199	
2. Principal Place	ce of Business	2a. 26	Mailing Address				4. FEI Number 65-0071484			Applied For Not Applicable
Suite, Apt. #	, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
Crty & State			City & State			<del>· · · · · · · · · · · · · · · · · · · </del>	Election Campaign Financing     Trust Fund Contribution		\$5.0	May Be
<b>3</b> Zip	Country 25	28	Zip		ountry	'	8. This corporation has liability for			199.032,
4	9. Name and Address of Cur	29 rent Regis	ered Agent	30	Т		10. Name and Address of New F		Agent	<del></del>
SLOSSBERG, GARY 5702 VINTAGE OAKS CIRCLE DELRAY BEACH FL 33484					81 82 83	Street Add	ess (P.O. Box Number is Not Acceptable)  FL 85 Zip Code			
or registere familiar with SIGNATURE	the provisions of Sections 607.08 diagent, or both, in the State of Fig., and accept the obligations of, Signature, typed or printed name of registered a	orida. Such ection 607.	change was authoriz 0505, Florida Statutes	zed by the S. OTE Register	corp ed Ager	oration's boa	ration submits this statement for the pu ard of directors. I hereby accept the app ad when reinstaling!	ointment as	registered	d agent. I am
12.	OFFICERS :	AND DIREC		13			ADDITIONS/CHANGES TO OFF			
TOLE	D		☐ DELETE		TITLE			(	Chance	Addition
NAME STREET ADORESS	SLOSSBERG, SAUL 5702 VINTAGE OAKS CIRC	LE			name Street	ADDRESS				
CITY-ST-ZIP	DELRAY BCH FL		☐ DELETE		CITY-S TITLE	ST-ZIP			Change	Addition
TITLE NAME			D peceve		NAME					
STREET ADORESS						I ADDRESS				
CHTY-ST-ZIP					CITY-5					
mte			DELETE		TITLE			[	Chançe	☐ Addition
NAME				3.2	NAME					
STREET ADDRESS				33	STREE	T ADDRESS				
CITY-ST-ZIP			E DEVETE.		CITY-S	ST-ZIP				FT Addition
THILE			☐ DEFELE		TILE			Ļ	Change	Addition Addition
NAME					NAME	T ADDRESS				
STREET ADDRESS					-					
DITY-ST-ZiP TITLE		-	☐ DELETE		CITY-S TITLE	21.41			Change	Addition
NAME					NAME			•		
STREET ADDRESS						T ADDRESS				
CITY-ST-ZiP				5.4	CITY-S	ST-ZIP				
TITLE		-	□ DELETE	6. 1	TITLE			[	Chançie	Addition
NAME				6.2	NAME					
STREET ADDRESS				6.3	STREET	T ADDRESS				
CITY-ST-ZIP	<del></del>					ST-ZIP	<del></del>	07/0/2: 5:		<del> </del>
certify that oath; that I	the information indicated on this a	nnual repor rporation o	t or supplemental and the receiver or truste	nual repor ee empow	t is tn	ue and accura	for the exemption stated in Section 119 ate and that my signature shall have the his report as required by Chapter 607, F	same legal	effect as i	if made under

SAUL A. SLOSS BERG 4:22-96 407-997-2450

SIGNAFORE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR