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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Socretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **K68485**

(7)

1. Corporation			` '				
FB St	JPPRESSORS, INC.						
						iliki bili biril bibli bil	LAN BORNA BORNA BORNA PRAGA
Principal Place	of Business	Mailing Addr	ess				11) A10) E1G11 G1G11 USI
% FRANCES F. BENSON % FRANCES F. BEN							
17275 SW 2	256TH STREET		N 256TH STREET				
TOMESTER	D FE 33031	HOWEST	EAD FL 33031		3. Date Incorporated or Qualified	3a. Dale of La	st Report
					02/20/1989	04/0	6/1995
2. Principal Pla	ce of Business	2a. Mailing A	ddress	.	4. FEI Number	T	Applied For
21		26			65-0094800		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt	t. #, etc.		5. Certificate of Status Desired		.75 Additional
City & State		27					ee Required
City & State		City & Sta	ate		6. Election Campaign Financing		5.00 May Be
23 Zip	Country	28 Zip		O-mate.	Trust Fund Contribution	A	dded to Fees
24	25	29	30	Country	8. This corporation has liability for i	intangible tax unde 	er s. 199.032,
	g. Name and Address of Curre				10. Name and Address of New R	L_INU	
				81 Name	IO. Manie and Hoologs of Helf H	egistered Agent	
BENSON, FRANCES F.							
	SW 256 ST.			82 Street Addr	Address (P.O. Box Number is Not Acceptable)		
HOMESTEAD FL 33031				83			
				84 City		FL 85	Zip Code
11. Pursuant to	the provisions of Sections 607,050	2 and 607.1508, Flo	rida Statutes, the	above-named corpor	ation submits tois statement for the run	nose of changing	its registered office
or registered familiar with	d agent, or both, in the State of Floi , and accept the obligations of. Sec	rida. Such change w	as authorized by	the corporation's boar	ation submits this statement for the pur d of directors. I hereby accept the appo	ointment as registe	red agent. I ani
	, and accept the conganons on coc	1001 001.0005, Florid	Ja Statoles.			•	
SIGNATURE , s	gnature, typed or printed name of registered agor	nt and title if applicable	(NOTE: Reg	intered Agent signature required	f which renstatny)	DATE	
12.		ND DIRECTORS		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	CTORS IN 12
TILE	P		DELETE	1 1 TITLE		☐ Chan	ige 🗌 Addition
NAME	BENSON, FRANCES F.			1.2 NAME			
STREET ADDRESS	17275 SW 256TH STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD FL			1.4 CITY - S1 - 2/P			
THLE	VP		DEFELE	2 1 TITLE		Chan	ige 🔲 Addition
NAME	STARKE, JOHN W.		<u> </u>	2 2 NAME			
STREET ADDRESS	17275 SW 256TH ST			23 STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD FL		NEL ETC	24 CHTY - ST-ZIP			
TITLE		LJ L		3 1 THILE		☐ Chan	ge 🔲 Addition
NAME CIRCLI ADDRESS				3.2 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP TITLE			PELETE	3.4 CrTY - ST - ZrP		F3.0	
1		П	CLETE	4. 1 TITLE		เกลา	ge 🔲 Addition
NAME				4 2 NAME			
STREFT ADDRESS				4.3 STREET ADDRESS			
DITY-ST-ZIP TITLE				44 CITY+ST-ZIP 5 1 TITLE			. [] (47)
NAME		الليا ا				Chan	ge 🗌 Addition
STREET ADDRESS				52 NAME			
				5.3 STREET ADDRESS			
CITY - ST - ZIP TITLE		<u> </u>	<u> </u>	54 CITY-ST-ZIP 6 1 TITLE		□ Ch	os [] addition
NAME		ال ا				Chan	g∈ ☐ Addition
STREET ADDRESS				62 NAME			
CITY-S1-ZIP				6 3 STREET ADDRESS			
	certify that the information supplied	with this filma is volu		6.4 C(1Y+ST+Z(P)	or the exemption stated in Section 1197	7/3)(k) Florida Str	atutes I further

4. To hereby certify that the information supplied with this hing 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 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, or on an attachment with an address.

SIGNATURE

Maneis J. Bersel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96 (305)247-3K77