JNNA	PROFIT RPORATION JAL REPORT 1996			B Mortha tary of Sta	am te				
DOCUI		K71472	(0)						
•	TOBIN & ASSO	CIATES, INC.							
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Principal Place of Business 150 S ANDREWS AVE.		'	Mating Addhess 4813 S. HENNINGWAY CIRCLE						
POMPANO US	BEACH FL 33069		MARGATE FL 30063				· · · · · · · · · · · · · · · · · · ·		
						3. Date Incorporated or Qua 03/09/1989	lified 3a.	Date of Last I 05/01/	
 Principal Pla 	ace of Business		a. Mailing Address 7759 HIGH	1.0.00	conto	4. FEI Number 65-0108472	<u></u>		Applied For Not Applicable
Suite, Apt	#, etc.	27	Suite, Apt. #, etc.	VI IVA	<u> </u>	5. Certificate of Status Desir	ed 📋	•	5 Additional
City & State	?		City & State		CI n	6. Election Campaign Finance	ong		Required May Be
Zip	Countr	28 y	Zφ	Cou	<i>Plovila</i> intry	Trust Fund Contribution 8. This corporation has liabilities		Add	ed to Fees
4	g. Name and Addre	29 as of Current Regi	1	30	nowny		🕻 Yes 🔲 No	0	
COLIN	NED BEALTALIA				81 Name	10. 112110	Tograce	red Agent	
	NER, BENJAMIN				82 Street Addr	ress (P.O. Box Number is Not Acc	ceptable)		
1509-E) N. State Road 7								
	ATE FL 33063				83				
MARG	ATE FL 33063	ons 607,0502 and 6	07, 1508, Florida Statute	es, the abo	84 City	ration submits this statement for t		<u>-L </u>	ip Code
MARG. 11. Pursuant to or registere familiar with SIGNATURE	o the provisions of Sections o	tions of, Section 607	7.0505, Florida Statutes.	ed by the d	84 City	ration submits this statement for the ration of directors. Thereby accept the distance of the resisting and the resistance of the resisting and the resistance of the resistan	ne purpose of e appointmen	changing its tas registered	registered office d agent. I am
MARG 11. Pursuant to or registere familiar with SIGNATURE	o the provisions of Sections o	of registered agent and the	7.0505, Florida Statutes	The Registered	84 Orty we named corporation's boar April squature require	rd of directors. Thereby accept the	ne purpose of e appointmen	changing its tas registered	registered office d agent. I am
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MARGA 11. Pursuant to registere familiar with SIGNATURE 112. TITLE NAME STREET ADDRESS CITY-ST-ZIP CITLE NAME	o the provisions of Sectived agent, or both, in the h, and accept the obligations of Sective Tobin, in the h, and accept the obligations of Sective Tobin, Jack N 4813 S HEMING MARGATE FL S TOBIN, LESLEY	drayserd and a direction 607 Chayserd and a direction of the FFICE RS AND DIRECTION OF THE CONTROL OF THE CONT	1 accepting the Communication of the Communication	TE Registered 13. 1.1.1.1.1.2.Ni 1.3.8.1.1.4.Ci	84 Orly Evenimed corporation's board April squature requires IILE MME REEI ADDRESS IY-SI-ZIP ILE	rd of directors. Thereby accept the	ne purpose of e appointmen	changing its it as registere	registered office d agent. I am DBS IN 12
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