## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	e of Business	Mailing Address				
Principal Place of Business P.O. BOX 896		P.O. BOX 896				
		BOCA RATON FL 3342	9-0896			
				3. Date Incorporated or Qualified	3a. Date of Las 07/17/199	,
. Principal P	ace of Business	2a. Mailing Address		03/14/1989 4. FEI Number	1 0/////08	Applied For
]		26		59-2938084		Not Applicabl
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required
City & State	9	City & State	**************************************	6. Election Campaign Financing		May Be
		28		Trust Fund Contribution		ed to Fees
- <b>Z</b> ір ]	Country	Zφ	Country	6. This corporation has liability for		г в. 199.032,
	9. Name and Address of Curre	29  int Registered Agent	[30]	Florida Statutes  10. Name and Address of New Re	Yes No	
KUS	HNER, LEE		81 Name			
4300 NW 26TH COURT			82 Street Add	dress (P.O. Box Number is Not Acceptat	ble)	
BOO	CA RATON FL 33433		83	·		
			183	•		
			84 City		FL 85 Z	ip Code
I. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	atutes, the above-named cor	rporation submits this statement for the pation's board of directors. I bereby acces		g its registere
I. Pursuant office or ragent I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stati m familiar with, and accept the oblig	02 and 607.1508, Florida Sta e of Florida. Such change wa gations of, Section 607.0505,	atutes, the above-named cor as authorized by the corpora Fiorida Statutes.	rporation submits this statement for the pation's board of directors. I hereby accept		g its registere as registered
GNATURE					ourpose of changing the appointment	g its registered as registered
GNATURE	Signation, typical or painted name of registered ag		atutes, the above-named cor as authorized by the corpora Florida Statutes. NOTE: Registered Agent signature req.		purpose of changing the appointment	
GNATURE	Signative, typed or printed name of registered ap OFFICERS AN	jent and title if applicable (f	NOTE: Registered Agent signature requ	uired when reinstating)	purpose of changing the appointment	ORS IN 12
GNATURE .e .e	Signal inc. typed or printed name of registered ap OFFICERS AN P KUSHNER, LEE	jent and title if applicable (f	NOTE: Registered Agent signature req.  13.  1.1 TITLE  1.2 NAME	uired when reinstating)	purpose of changing the appointment DATE	ORS IN 12
GNATURE  LE  ME  REET ADDRESS	Signal inc. typed or partied name of registered by OFFICERS AN P KUSHNER, LEE 4300 N.W 26TH COURT	jent and title if applicable (f	NOTE: Registered Agent signature req.  13.  11 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	purpose of changing the appointment DATE	ORS IN 12
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Apr 08 1997 8:00am

Secretary of State