## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: V

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriham
Secretary of State
DIVISION OF CORPORATIONS

|   | 1996   |   | DIVISION OF CORPORATIONS                    |  |  |  |                                       |                                |
|---|--|---|---|--|--|--|---------------------------------------|--------------------------------|
| 1. Corporation                          |  | 77510   | (1)   |  |  |  |                                       |                                |
|   |  |   |   |  |  |  |                                       |                                |
| Principal Place                         | of Business  | Mailir  | ng Address                                  |  |  | # #### <b>####</b> ##########################  | II <b>bidāl bib</b> ili               | TEDII ĐIĐII IĐĐI               |
| 5701 PINE 1:<br>SUITE #350<br>TAMARAC F |  | SU  | DI PINE ISLAND RO                           | DAD  |  |  |                                       |                                |
| US                                      | L 33321  | US  | MARAC FL 33321                              |  | 3. Date Incorporated or Qualifi 04/01/1989   |  | 3a. Date of Last Report<br>07/07/1995 |                                |
| 2. Principal Plant                      | ace of Business  | 2a. M   | ailing Address                              |  | 4. FEI Number<br>65-0111338  |  |                                       | pplied For<br>lot Applicable   |
| Suite Apt.                              |  |   | uite, Apt. #, etc.                          | 2  | 5. Certificate of Status Desired   | · D  |                                       | Additional                     |
| City & State                            | 300  | 27  | ity & State                                 | 300  |  |  |                                       | lequired                       |
| 23                                      | 5  | 28  | ny a State                                  |  | <ol><li>Election Campaign Financin<br/>Trust Fund Contribution</li></ol>             | <sup>9</sup> 🗆   |                                       | May Be<br>to Fees              |
| Zip                                     | Country  | <u> </u>  | p   | Country  | 8. This corporation has liability  | . 🕶  | x under s                             | 199.032,                       |
| 24                                      | 25<br>9. Name and Addres                                     | 29 <br>ss of Current Register                         | ed Agent                                    | 30   | Florida Statutes   10. Name and Address of Ne  | Yes No   | Agent                                 |                                |
|   |  |   |   | 81 Name  | Tim Acres  |  | <u> </u>                              |                                |
|   | DONALD M.  |   |   | 82 Street  | Address (P.O. Box Number is Not Acce   | ptable)  |                                       |                                |
|   | INE ISLAND ROAD<br>AC FL 33321                               |   |   | 83   | 42 NW 975- [   | )~\V@_   |                                       |                                |
| 17 214 24                               |  |   |   | 84 City  |  |  | los I 7:-                             | C1-                            |
|   |  |   |   | 117  | oral Springs   | <u> </u>   | 85 Zip<br>34                          | Code<br><b>ろ</b> のフノ           |
| 11. Pursuant 1<br>or register           | to the provisions of Section red agent, or both, in the $\S$ | ns 607.0502 and 607.1<br>State of Florida. Such ch    | 508, Florida Statute<br>jange was authorize | es, the above-named co<br>ed by <del>the</del> corporation's | prporation submits this statement for the<br>board of directors. Thereby accept the  | rburpose of cha<br>appointment as  | inging its re<br>registered a         | gistered office<br>agent. I am |
| SIGNATURE                               | th, and accept the obligati                                  | cors of, Section 60 <u>7.050</u>                      |   | $\mathcal{C}$  | recident   | 2/1=   | 190                                   | -                              |
|   | Signature, typed or printed name of                          |   |   | TE: Registered Agent signature r                             |  | DATE OF THE PERSON AND THE PERSON AN | C//.                                  | <b>5</b>                       |
| 12.<br>TITLE                            | P  | FRICERS AND DIRECTO                                   | DELETE                                      | 13.<br>1. 1 T'TLE  | ADDITIONS/CHANGES TO   |  | DIRECTOR  Change                      | AS IN 12                       |
| NAME                                    | ARNEL, DONALD  |   |   | 1.2 NAME   |  | _  |                                       |                                |
| STREET ADDRESS                          | 1524 NW 102 DRI<br>CORAL SPRINGS                             |   |   | 1.3 STREET ADDRESS   |  |  |                                       |                                |
| CITY-ST-ZIP<br>TITLE                    | ST STRINGS   | rt.   | □ DELFTE                                    | 1.4 C/TY - ST - ZIP<br>2 1 TITLE                             | President  | <del></del>  | Change                                | Addition                       |
| NAME                                    | TIMOTHY C. ARNI  | EL  | ~   | 2.2 NAME   | 1.03/-01   | <i>y</i>   | Conside                               |                                |
| STREET ADDRESS                          | 1142 NW 97TH DI  |   |   | 2 3 STREET ADDRESS   |  |  |                                       |                                |
| CITY-ST-ZIP<br>TITLE                    | CORAL SPRINGS  | rt.   | T DELETE                                    | 2.4 CITY-ST-ZIP<br>3.1 TITLE                                 |  |  | 7 Change                              | ☐ Addition                     |
| NAME                                    | EDWARD C. BUSH   | 1   |   | 3.2 NAME   |  | L  | _ Change                              | □ Nagritidi                    |
| STREET ADDRESS                          | 9640 NW 7TH CIR  | ICLE  |   | 3.3. STREET ADDRESS  |  |  |                                       |                                |
| CITY-ST-ZIP                             | PLANTATION FL  |   | E DELETE                                    | 3.4 C/TY - ST - Z/P  |  |  |                                       |                                |
| TITLE<br>NAME                           | KETTH A. MILLER  |   | DELETE                                      | 4 1 TITLE<br>4.2 NAME  |  | Ł  | Change                                | ■ Addition                     |
| STREET ADDRESS                          | 9640 NW 7TH CIR  | ICLE  |   | 4.3 STHEET ADDRESS   |  |  |                                       |                                |
| CITY - S1 - ZIP                         | PLANTATION FL  |   |   | 4 4 C1TY - ST - ZIP  |  | <del></del>  |                                       | rad.                           |
| TITLE<br>NAME                           | ZDALOS M   | alpop han   | ☐ DELETE                                    | 5 1 TITLE<br>5 2 NAME  | Keith S. Holbac  | <u>ا</u> ل   | Change                                | Addition                       |
| STREET ADDRESS                          | washer.  | MEN MEN   |   | 5.3 STREET ADDRESS   | 10871 NW 29th C  | _  |                                       |                                |
| CITY-ST-ZIP                             |  |   |   | 5.4 C/TY+ST-ZIP  | Keths. Holbac<br>10871 NW 29th C<br>Sunnse FL 3                                      | 3322   |                                       |                                |
| TITLE                                   |  |   | ☐ DELETE                                    | 6 1 TITLE  |  |  | Change                                | ☐ Add:tion                     |
| NAME<br>STREET ADDRESS                  |  |   |   | 6.2 NAME<br>6.3 STREET ADDRESS                               |  |  |                                       |                                |
| CITY ST ZIP                             |  |   |   | 6.4 CITY-\$1-7IP   |  |  |                                       |                                |
| 14. I do hereb<br>certify that          | by certify that the information the information indicated    | on supplied with this filing on this annual report of | ng is voluntarily furn                      | ished and does not qua                                       | alify for the exemption stated in Section<br>curate and that my signature shall have | 119.07(3)(k), Flo  | rida Statute                          | s. I further                   |
| oath; that                              | I am an officer or director<br>Block 12 or Block 13 if o     | of the corporation or the                             | e receiver or truster                       | e empowered to execut  | e this report as required by Chapter 60  | , Florida Statute  | es; and that                          | my name                        |