## 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

1. Corporation		` '				
HUTAL	. SPECIAL INVESTIGATION	NS UNII, ING.			1 10 11 11 11 11 11 11 11 11 11 11 11 11	
Principal Place of Business		Mailing Address  8200 W. SUNRISE BLVD. C-6 PLANTATION FL 33322			18 1101 01814 01814 61011 81611 01811 01811 1881	
% BRUCE GOTTLIEB 125 N 46 AVE HOLLYWOOD FL 33021-6601				Date Incorporated or Qualified		
		US			04/24/1989	04/25/1995
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FET Number 58-1846757	Applied For
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable   \$8.75 Additional   Fee Required	
City & State		Orty & State		Flection Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζιρ <b>24</b>			Countr 30	Country  8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Tyes X No		
	9. Name and Address of Curre	ent Registered Agent	8	Name	10. Name and Address of New I	Registered Agent
GOTTI II	EB, BRUCE M.		L	1107710	/D.O. D. M. J. J. J. M. J.	
125 N 4			8	82 Street Address (P.O. Box Number is Not Acceptable)		DIE)
HOLLYM	VOOD FL 33021		8:	}		
	•		84	City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607,050	02 and 607.1508, Florida Statut	es, the above	named corpo	pration submits this statement for the pu	rease of changing ite registered office.
or registere familiar wit	ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	rida. Such chánge was authoriz ction 607.0505, Florida Statutes	ed by the cor i.	poration's bo	ard of directors. Thereby accept the app	ointnient as registered agent. Lam
SIGNATURE _	and invited the control of the	and the second second	oi a			
12.	Signatue, typed or printed game of registered age OFFICERS AI	ND DIRECTORS	13.	and signal are respons	ed whereinstating: ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12
TITLE	<b>VST</b> DELETE		1 3 TITLE			Change Addition
NAME	St. Aubin, Robert		1.2 NAME			
STREET ADDRESS	8200 W. SUNRISE BLVD. C	<b>:-6</b>	1.3 STREET ADDRESS			
CITY - \$T - ZIP	PLANTATION FL		1.4 CITY - ST - ZIP			
TITLE	V DELETE		2 1 TITLE			Change Addition
NAME	RIFKIN, JERRY		2.2 NAME			
STREET ADDRESS 8200 W. SUNRISE BLVD. #C-6 CITY-ST-ZIP PLANTATION FL		10-10	2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	PLANTATION PL. DELETE		2.4 City -			Change Addition
NAME	- Ditter		3 2 NAME			
STREET ADERESS				ET ADDRESS		
CITY-ST-ZIP			3.4 CITY -			
TITLE		☐ DELETE	4 1 TITLE			☐ Change ☐ Add-tion
NAME			4.2 NAM6			
STREET ADDRESS			4 3 STREE	TADDRESS		
CITY - S1 - ZIP			4.4 CITY -	ST ZIP		
TITLE			5 1 FITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY -			Change C Addr
TITLE		DELETE	6 1 TIFL€			Change Addition
NAME STREET ADDRESS			6.2 NAME	T ADDRESS		
CITY-ST-ZIP			6.4 CITY			

14. I do hereby certify that the information supplied with this filing 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 13 if changed, or on an attachment with an address

SIGNATURE: SULLATION COLOR PRINTED HAME OF EIGNING OFFICER OF DIRECTOR

ROBERT ST. AUBIN JR.

03-29-96

954-476-2995

Daytime Phone #

CR2E034 (12/95)