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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(4)

Mar 19 1996 8:00 am Secretary of State

**FILED** 

DOCU 1. Corpora			#	K86004
THE	т	DUIDA	IA1	CODDODATION

THE J.	T. BUTWIN CORPORATION	N									
Principal Place	of Business	Maling Addre	ess							1811 <b>a</b> tahi 1861	
2424 NORTH FEDERAL HIGHWAY 2424 N. FEDERA											
SUITE 454	FL 00404	#454	#454 BOCA RATON FL 33431								
BOCA RATON US	FE 33431	US NATE	JN FL 33431				<ol> <li>Date incorporated or Qualified 05/05/1989</li> </ol>	3a. Date of I 04/04	Last Re 1/199	' 1	
2. Principal Pla	ce of Business	2a. Mailing A	2a. Mailing Address				4. FEI Number	pplied For			
21		26					11-2799062 Not Applie				
Suite, Apt. #	, etc.	27					5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & State				6. Election Campaign Financing			May Be	
23		28		Coun			Trust Fund Contribution			to Fees	
Zip 	— ·	Country Zip					8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No				
24	9. Name and Address of Currer	29 29 Age		301		<del> </del>	10. Name and Address of New R		nt		
	S. Harre and reduces of our				81	Name					
DI ITTIMAL	IEDONE T						70 0 0 0 N N N N N N N N N N N N N N N N	le\			
	Jerome T. Federal Hwy				B2	Street Add	ress (P.O. Box Number is Not Acceptab	ie)			
SUITE 45				l l	вз						
	TON FL 33431								-1	O a da	
DOON IV	(1011 12 30101				B4	City		FL I	35 Zip	Code	
or registere familiar with	o the provisions of Sections 607.050 ad agent, or both, in the State of Flor n, and accept the obligations of, Sec	ida. Such change v	vas authorized	the above by the co	re n orpo	amed corpo oration's bos	ration submits this statement for the pur and of directors. I hereby accept the app	pose of changil pintment as reg	ng its re istered	egistered office agent. I am	
SIGNATURE _	Signature ityped or printed name of registered agen	it and the it also dable	(NC)TE	Hagisteres /	Agi ni	t signature require	ec when reinstahing	DATE		- 10 100	
12.		D DIRECTORS		13.			ADDITIONS/CHANGES TO OFF				
TITLE	DP	ليا	DELETE	1. 1 TIT				Ш	Сhaпge	☐ Addition	
NAME	BUTWIN, JEROME T.	TE 4454		1.2 NAI							
STREET ADDRESS	2424 N. FEDERAL HWY, SUI	1E #454				SEARDCA					
CITY - ST - ZIP	BOCA RATON FL		DELETE	14 CIT		T - ZIP			Change	Addition	
TITLE	DS		DELETE	2 1 TII 2 2 NAI				۰ اسما	go		
NAME	BUTWIN, FRANCINE 2424 N. FEDERAL HWY, SUI	TE #454				ADORESS				]	
STREET ADDRESS	BOCA RATON FL	IIE #404		2 4 CIT							
CITY - ST - ZIP TITLE	V	<u> </u>	DELETE	3 1 TI		1-214			Change	Addition	
NAME	BUTWIN, SUZANNE			3 2 NA		ĺ					
STREET ADDRESS	2424 N. FEDERAL HWY, SU	TE #454				ADDRESS					
CITY-ST-ZIP	BOCA RATON FL	·· • ·- •		3 4 CIT							
TITLE			DELETE	4 1 T)					Change	Addition	
NAME	BUTWIN, ELIZABETH			4 2 NA	Mſ					İ	
STREET ADDRESS	2424 N. FEDERAL HWY, SU	ITE #454		4.3 ST	REET	ADDRESS					
CITY-SI-ZIP	BOCA RATON FL			4.4 CIT	<b>y</b> - S	r-zip					
THLE			DELÉTÉ	5 1 31	TLE				Change	Addition	
NAME				5.2 NA	MĒ						
STREET ADDRESS				53SI	REEF	ADDRESS					
CITY-ST-ZIP				5.4 C:		iT - <b>Z</b> -P			0haz	□ #d20*±=	
TILE			DELETE	6 t TI					Change	□ Addition	
NAME				6.2 NA							
STREET ADDRESS						ADDRESS					
CHTY - ST - ZIP				6 4 CI	IY - 5	ST - ZIP					

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

TIME JECOME T BUTTUIN 3/15/94 407 391.8811