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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	DIVISION C	retary of State OF CORPORATIONS			
DOCU	IMENT # K872	281 (7)	)			
·	SLAW C. HUZAR, INC.	- ·				
	Ominio O. Clomenti nito.			F IDDIVENIA DEN ABION ADAMA NADAR A	IB FALLIAN DIGIL AFAFF DIAF	N AHAM DIGIH ANAN 1821
Principal Place	e of Business	Mailing Address				
,	ARDONNAY DR.	· <del>-</del>	V DD			
CORAL SE	PGS. FL 33067	4755 CHARDONNA CORAL SPGS. FL				
US		US	••••	a Data Incorporated or Qualified	1- 5	
				3. Date Incorporated or Qualified 05/11/1989	3a. Date of Las	t Report <b>)/1995</b>
	lace of Business	2a. Mailing Address		4. FEI Number	65-055	Applied For
21 Suite Ant	и .	26		NOT APPLICABLE	2734	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>√</b> \$8.	75 Additional
City & State	te	City & State			F€	e Required
23		28		Election Campaign Financing     Trust Fund Contribution	□ <b>\$5</b>	.00 May Be
Zip	Country	Zip	Country	This corporation has liability for	AO	ded to Fees
24	25	29	30	Florida Statutes  Yes	. □ No	8 135,002,
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New R	Registered Agent	
HII7AI	R, WIESLAW C.		81 Name			
	CHARDONNAY DR.		82 Street Add	dress (P.O. Box Number is Not Acceptab	(ek	
	L SPRINGS FL 33067		83			
=	M V 1 1111 (VV 1 1 1 VV VV 1					
			84 City			Zip Code
or register	red agent, or both, in the State of Flor	rida. Such change was authori		JI GUYU JUDUHA HIJA MAKKIHKIH HA MEMILIN	TOOSE OF CHARGING IN	
SIGNATURE _		or o		oration submits this statement for the pur and of directors. I hereby accept the appo		ed agent. I am
SIGNATURE _	Signature, typed or printed name of registered agen	or o	OTE: Registered Agent signature require	ed when reinstaling)	DATE	
SIGNATURE _	Signative, typed or printed name of registered agen OFFICERS AN	nt and little if applicable. (N			DATE	TORS IN 12
SIGNATURE _	Signative, typed or printed name of registered ager OFFICERS AN D WIESLAW, HUZAR C.	nt and life if applicable. NO DIRECTORS DELETE	OTE: Registered Agent signature require	ed when reinstaling)	DATE	TORS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN D WIESLAW, HUZAR C. 4755 CHARDONNAY DRIVE	nt and life if applicable. NO DIRECTORS DELETE	OTE Registered Agent signature require  13.  1 1 TITLE	ed when reinstaling)	DATE	TORS IN 12
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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 this tee 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: Wishow C. HUZAL WILLIAM CHAPTON OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-346-8777 Dayline Phone #