PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		ORIDA DEPARTN Sandra B N Secretary o DIVISION OF CO	Moriham of State			
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pa' Place of Business O W BROWARD BLVD	Mailing Ad <b>7050 W</b>	Idress BROWARD BLVD				
NTATION FL 33317	PLANTA US	TION FL 33317		3. Date Incorporated or Qualified 05/23/1989	3a, Date of Last Re 06/20/199	
incipal Place of Business	2a. Ma'ling 26	Address		4. FEI Number 65-0121418	▶ <b>- - - -</b>	pplied For ot Applicabl
ate: Apt ≠, etc	Suite,	Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
ty & State	27 Oty & 28	State	<u>.</u>	<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	\$5.00	May Be to Fees
p Country 25	Ζιρ <b>29</b>		Country 0		No	199.032,
9. Name and Addres	ss of Current Registered A	igent	81 Name	10. Name and Address of New R	tegistered Agent	
			82 Street Add	Iruss (P.O. Box Number is Not Acceptab	ole)	
			OL ONCOLLING	1055 (F.O. EXX Harnoor is Horneopiae		
7050 W BROWARD BLVD			83			
or registered agent, or both, in the l	State of Florida, Such chand	e was authorized l	83 84 City	ration is built this statement for the num	FL 85 Zip	Code egistered offi
7050 W BROWARD BLVD PLANTATION FL 33317 Airsuant to the provisions of Sactic or registered agent, or both, in the armhar with, and accept the obligat ATURE Send to bred a performance O	State of Florida, Such chang ions of, Section 607.0505, F displaced ages and the Flags office FFICERS AND DIRECTORS	e was authorized I forida Statutos	83 84 City	pration submits this statement for the pur and of directors. I hereby accept the app	FL 85 Zip rpose of changing its re ointment as registered	egistered off agent. I am FIS IN 12
PLANTATION FL 33317 Pursuant to the provisions of Social provisions of S	State of Florida, Such chang ions of, Section 607.0505, F their him tage data the fland elim FNCERS AND DIFIE CTORS	e was authorized I torida Statutos	83 84 City the above-named corporation's boo by the corporation's boo Fig.sered Agent signature reser 13.	pration submits this statement for the pur and of directors. I hereby accept the app	FL 85 Zip rpose of changing its re ointment as registered Date FICERS AND DIRECTO	egistered offi agent. I am RS IN 12
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