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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	The state of	DIVISION OF CORPONATIONS								
DOCUMENT # K94715 (5)											
BROAD	OWAY SERVIC	E STATION, II	NC.								
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Principal Place	of Elvainage		Matter Addison								
Principal Place of Business Mailing Address											
4901 BROADWAY W. PALM BEACH FL 33407			4901 BROADWAY W. Palm Beach Fl 33407								
								Date Incorporated or Qualified 06/12/1989		of Las 4/24/	
2. Principal Place of Business			2a. Mailing Address 26				4. FEI Number 65-0127813			Applied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				037127013		60	Not Applicable 75 Additional	
22			27				5. Certificate of Status Desired		•	e Required	
City & State			City & State					6. Election Campaign Financing	<u></u>	\$5	.00 May Be
23 Zip		unts:	28					Trust Fund Contribution		· ·············	Ided to Fees
2.ip	25	ountry	Z/p 29	30	country	′		B. This corporation has liability for Florida Statutes	r intangible ti is [7] No	ax unde	rs 199.032,
		ddress of Current	Registered Agent	1221_	_T_			10. Name and Address of New		Agent	
					81	Na	me				
MUNNILAL, RAMDIAL						Sti	eet Addre	ess (P.O. Box Number is Not Accepta	able)	·····	
	ROADWAY					~ · · · · · · · · · · · · · · · · · · ·		 	···		
W. PALI	M BEACH FL 334	107			83						
1					84	Cit	У		FI	85	Zip Code
11. Pursuant t	o the provisions of	Sections 607.0502	and 607.1508, Florida	Statutes, the a	above-	name	d corpora	ation submits this statement for the p	uroose of ch	anoina i	ts registered office
or registeri familiar wit	ed agent, or both, ii th, and accept the c	n the State of Florid obligations of, Section	a. Such change was a on 607.0505, Florida S	iuthorized by th Statutes.	ie corp	orati	on's board	d of directors. I hereby accept the ap	pointment as	registe	red agent. I am
SIGNATURE _											
12.	Signature, typed or printed	name of registered agent a OFFICERS AND			ered Age 3 .	nt signa	trure required	when reinstating) ADDITIONS/CHANGES TO OF	DATE EICERS AND	DIREC	TORS IN 12
TITLE	PTD		DELETE		1 1 TITLE			ADDITIONS OF ANGLE TO OF		Cnang	
NAME	MUNNILAL, R			1.	2 NAME						
STREET ADDRESS	4901 BROAD			1.	3 STREE	1 ADDR	ESS				
CITY-ST-ZIP	W. PALM BEA	NOH FL	F7 br. r		4 CITY-S	ST-ZIP					p
TITLE NAME	MUNNILAL, D	EWATTIE	DELE		1 TITLE 2 NAME				į	Chang	ge 🔲 Addition
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CITY-ST-ZIP	W. PALM BEA			•	4 CITY - S						
TITLE	.		DELF	T£ 3	1 THILE					Chan	ge 🔲 Addition
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CITY-ST-ZIP TITLE	1-		DELE		4 CITY-S 1 TITLE					Chang	ge [] Addition
NAME	***				2 NAME				,		
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CITY-ST-ZIP			···		4 CHY-5	ST-ZIP					
TITLE			DELF		1 TITLE			2000018 -06/04/9601	492		ge 🔲 Addition
NAME expect annucce					2 NAME.	T 40.00	Fac	-06/04/9601	0550	16	
STREET ADDRESS CITY-ST-ZIP					3 STREET 4 City-5		E99	***225.00			
TITLE			DELE		1 TITLE					Chang	ge 🔲 Addition
NAME				6	2 NAME				•		256
STREET ADDRESS				6.	3 STREE	T ADDR	ESS		0	' س	0.7.
CITY-ST-ZIP	rodifi that the	proposition of the Pinner	sets their fillers in the	6	CITY-			46-1	<u> </u>	フ 	Y
certify that	the information ind	ornation supplied wi icated on this annu-	aut tris illing is volunta al report or supplemen	tal annual repo	nip doe XI is tri	us not ue ar	duality fo diaccurat	or the exemption stated in Section 11 te and that my signature shall have th	9.07(3)(k), Flo e same legal	onda Sta effect s	atutes. I further made under
oatn; that appears in	i arii an o⊓icer or/di i Block 12 of Block	rector of the corpor 13 if changed, or or	auon ar the receiver A n an altactiment with a	r trustee emp/ an address	wered	to ex	ecute this	e and that my signature shall have the report as required by Chapter 607,	rionda Statul	es; and	that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)