FIL	E NOW: FIL	ING FEE AF	TER MAY 1	S \$2	25.00			_			
PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Scoretary of State DIVISION OF CORPORATIONS								
DOCUMENT # <b>K95490</b>			(4)								
<ol> <li>Corporation</li> </ol>			( ' )								
AT H V	LU LILL, MIU	n FuM					} 	14848 46414 8814 81	NII BUBU BUBU BU	AN ANDII BIBII IBB	
Principal Place	of Business		Mailing Address								
1410 W. BROADWAY SUITE 101 OVIEDO FL 32765			1410 W. BROADWAY SUITE 101 OVIEDO FL 32765								
							3. Date Incorporated or Qua 06/12/1989	lified 3a. [	Date of Last F 05/01/1		
2. Principal Pla 21	ace of Business	2	2a. Maiing Address				4. FEI Number <b>59-2952063</b>	<del></del>	<b>├</b>	Applied For Not Applicable	7
Suite, Apt	#, etc.	2:	Suite, Apt. #, etc.				5. Certificate of Status Desir	ed [	\$8.7	Additional Required	_
Orty & State	)	28	City & State				Election Campaign Finance     Trust Fund Contribution	ing 🔲	\$5.0	O May Be	
Ζιρ <b>24</b>	25	ntry 29	Zip	Cou 30	ntry		This corporation has liabilified Statutes	ty for intangible Yes \[ \] No	e tax under s		
	9. Name and Add	dress of Current Rec	stered Agent		<b>81</b> Nam		10. Name and Address of I	<u> </u>			_
EPEL N	A.D., ARNOLD						(n o n				
	V. BROADWAY					ot Addres	s (P.O. Box Number is Not Acc	eptable)			
STE. 1	u1 O FL 32765				B3		<del></del>				7
O NED	J 1 C 0E/00			ĺ	<b>84</b> City			F	85 Z	p Code	1
11. Pursuant to	the provisions of Se	ections 607.0502 and 6	307.1508, Florida Statute	s the abo	ve named	corporati	on submits this statement for the			egistered office	]
			7.0505, Florida Statutes.	id by the d	orporation	s board	on submits this statement for the of directors. I hereby accept the	e appointment	as registered	agent. Lam	Ì
SIGNATURE _	Signature, typed or protection	ne of rejete et aperter i lise	the state of the s	F. Franciscost	April Sir Sir	- netron L s	house or stating	DA'E			
12.	OFFICERS AND D			13.			ADDITIONS/CHANGES TO	_		DRS IN 12	-18
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NAME DIRECT ADDRESS	SS   EPEL, ARNOLD SS   1000 EXECUTIVE DR. #1			1.2 NAME			SAME		ADDRAS	-	8
STREET ADDRESS CITY-ST-ZIP	OVIEDO FL			1.3 STREET ADORESS		5 14	FIO W. BROADY OVIED , FL :	JAY (S	UITE 13	1)	<u>ဣ</u>
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NAME			C) value	2 2 NAME					Change	Addition	
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CITY - S1 - ZIP					Y-ST-ZiP						
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NAME			<u> </u>	6.2 NAM					☐ Change	☐ Addition	
STREET ADDRESS					eft address						
DITY-ST-ZIP				6.4 CH	Y - ST 71P						
14. I do hereby	certify that the inform	ation supplied with thi	s filing is voluntarily furnis	hed and d	oes not qu	ualify for t	ne exemption stated in Section	119.07(3)(k). F	lorida Statute	es. I further	-

To differ op derify 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 armual report or suppliements' 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 trusted 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:

ARNOUS EPEL MD.

BIONATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

Day, The Priority

Day, The Pri

APRIL 9/1990 (40) 366 7455