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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 1, Corporation Name

L25809

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KAICED 1	PUDMICUELLED	DDODEDTV	CONSULTANTS CORP.	
NAISEH (I BUHNSUHEUEK	PRUPERTY	CONSULTANTS CORP.	

Principal Place of Business Mailing Address					s contratt one clost exist forth begin light didit brink 8/801 bight digit brink 1001		
% GEORGE R MORAITIS 915 MIDDLE RIVER DR SUITE 506 FT LAUDERDALE FL 33304		915 MIDDLE RIVE	% GEORGE R MORAITIS 915 MIDDLE RIVER DR SUITE 506 FT LAUDERDALE FL 33304				
					 Date Incorporated or Qualified 10/25/1989 	3a. Date of Last Report 04/18/1995	
2. Principal Pla	ice of Business	2a. Mailing Address	5		4. FEI Number	Applied For	
Suite, Apt. #	/. etc.	Suite, Apt. #, et	···		65-0179091	Not Applicable	
City & State		27 City & State			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23		28			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip	Country	Zip	Country	1	8. This corporation has liability for i		
24]	25	29	30		Florida Statutes Yes		
	9. Name and Address of Curre	ent Registered Agent		I	10. Name and Address of New R	egistered Agent	
915 MIDI	is, george R. Dle river dr		81		ress (P.O. Box Number is Not Acceptab	ie)	
SUITE 50			83				
FI LAUD	ERDALE FL 33304		84	City	TO STATE STA	85 Zip Code	
11. Pursuant to or registere familiar with	o the provisions of Septions 607.050 ad agent, or both, in the State of Flo n, and accept the obligations of, Se	02 and 607.1508, Florida S orida Such change was aut ction 607.0505, Florida Sta	tatutes, the above of the corp	named corpor oration's boar	ration submits this statement for the pur rd of directors. Thereby accept the appo	pose of changing its registered office post of changing its registered agent. I am	
SIGNATURE	if and describe and designation of the	ottori oor tosoo, i londa ola	ittios.				
5	Signature, typed or printed name of repistered ago		(NOTE: Registered Age	it signature require	d when reinstating)	DATE	
12.		ND DIFECTORS	13.	·	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
TITLE	DPT ALEXAND	DELETE	1. 1 TIFLE			Change Addition	
NAME STREET ADDRESS	BORNSCHEUER, ALEXAND 2787 E. OAKLAND PARK B		1.2 NAME				
CITY-ST-ZIP	FT LAUDERDALE FL	LV	13 STREET	Į.			
TITLE	DVS	☐ DELETE	1.4 CITY-S 2 1 TITLE	51 - ZIP		ET Change ET 4425	
NAME	KAISER, TOBIAS C.		2 2 NAME			Change Addition	
STREET ADDRESS	2787 E OAKLAND PK BLVD)	2 3 STREET	ANDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL	•	2 4 CITY - S				
TITLE		[] DELETE	3. 1 TITLE			Change Addition	
NAME			3.2 NAME			· · · 	
STREET ADDRESS			3.3 STREE	I ADDRESS			
CITY-ST-ZIP			3.4 CITY - S	1-2IP			
TITLE		DELETE	4. 1 TOLE			Change Addition	
NAME CTREET ADDRESS			4.2 NAME				
STREET ADDRESS City-St-Zip			4.3 STREET				
TITLE		DELETE	44 CITY - S 5 1 TITLE	1.719		Change Addition	
NAME	1		5.2 NAME		•	Change Addition	
STREET ADDRESS			5 3 STREET	ADDRESS			
CITY-ST-ZIP			5 4 CITY - S				
TITLE		[] DELETE	6. 1 TITLE			Crange Addition	
NAME			6.2 NAME				
STREE1 ADDRESS			63STREET	ADDRESS			
CITY-ST-ZIP	contifu that two information are -5	Landble Blade States to control of	6 4 Cily - S	I - ZIP			
oath; that I		nual report of supplemental Poration or the receiver or tr	annuar report is tru Tustec empowered t		or the exemption stated in Section 119.0 te and that my signature shall have the s s report as required by Chapter 607, Flo		
SIGNATI	URE CONATURE WAS KIED OF	OF PRINTED NAME OF SIGNING OF THE COLOR			4-89.96 Date	994-513-4163 Daylino Phoxe	