Suite, Apt. #, etc. Suite, Apt. #, etc. 27	COR ANNU	PROFIT RPORATION JAL REPORT 1996			Sandra Secret	ARTMENT OF STATE B. Mortham tary of State CORPORATIONS				
## ANDIONA MAURICE, JR #48 HOLIDAY DR HALLENDALE FL 30009 ## APPINED FOR THE PROPOSITION OF COUNTY OF COUNT	 Corporation 	n Name		67	(6)	•				
HALLENDALE FL 30009 NALLENDALE FL 30009 NALLENDAL				Mailir	ng Address					
Principe Prison of Business 2a. Mailing Ackriess 25						09	3. Date Incorporated or Qualified	3a. Date	of Last R	eport
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2p)			ity & State			<u> </u>	Fee	Required
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of or or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of or or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of or registered agent and the Paysication of Registered Agent agent and the Paysication of Registered Agent agent and the Paysication of Registered Agent agent agent and the Paysication of Registered Agent agent agent and the Paysication of Registered Agent ag	···		Country		n	Country	Trust Fund Contribution		Adde	d to Fees
NANOIA, MAURICE, JR 448 HOUDAY DR HALLENDALE FL 33009 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Staturies, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Florida. Such change was sulhinized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am standar with, and accept the obligations of, Section 607 0500, Florida Staturies, the above-named corporation submits this statement for the purpose of changing its registered agent. I am standar with, and accept the obligations of, Section 607 0500, Florida Staturies, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am standard with, and accept the obligations of, Section 607 0500, Florida Staturies. INCENTIFIE Signature, typed or proted name of registered agent and size if applicable RECTIFIED OFFICERS AND DIRECTORS 11. ITHE P	–	25		29		· · · · · ·	Florida Statutes 🗹 Ye	s No		199.032,
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ILE P		DLIDAY DR				83	dress (P.O. Box Number is Not Accepta		85 Zip) Code
NANOIA, JR., MAURICE 12 NAME 13 STREET ADDRESS 448 HOLIDAY DR 13 STREET ADDRESS 14 CITY-ST-ZIP 14 CITY-ST-ZIP 14 CITY-ST-ZIP 15 Change Addition	1. Pursuant to or registere familiar with	OLIDAY DR NDALE FL 3300 o the provisions o ed agent, or both, h, and accept the	Sections 607.050 in the State of Floobligations of, Sec	rida. Such ch otion 607.050	nange was authorize 05, Florida Statutes	83 84 City es, the above-named corpored by the corporation's boa	oration submits this statement for the pr ard of directors. I hereby accept the ap	FL urpose of cha pointment as	ــلــلــــــــــــــــــــــــــــــــ	
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E DELETE 6 1 TITLE Change Addition 15 62 NAME 63 STREET ADDRESS 64 DITY-ST-ZIP 1 do hereby certify 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	HALLER Pursuant to or registere familiar with GNATURE LE ME EET ADDRESS Y-S1-ZIP EET ADDRESS (-S1-ZIP E ME EET ADDRESS (-S1-ZIP	OLIDAY DR NDALE FL 3300 o the provisions o ed agent, or both, h, and accept the Signalure, typed or prints P NANOIA, J 448 HOLID	Sections 607.050 in the State of Flo obligations of, Sec d name of registered age OFFICERS AT R., MAURICE AY DR	rida, Such ch ction 607,050 nt and title if applic	Ange was authorize JOS, Florida Statutes. ADELETE DELETE DELETE DELETE DELETE	83 84 City Ses, the above-named corpored by the corporation's boat TE: Registered Agent signature require 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.5 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS 5.5 STREET ADDRESS 5.5 CITY-ST-ZIP	oration submits this statement for the pr ard of directors. I hereby accept the ap ed when reinstaling	PL urpose of cha pointment as	nging its registered DIRECTO Change Change Change Change	egistered office agent. I am RS IN 12 Addition Addition Addition Addition Addition