| FIL  | E NOW: FILING FEE   | AFTE  | R MAY 1 I  | S \$2              | 25             | .00                      |                  |  |                |                               |                                     |
|--|---|---|--|--------------------|----------------|--------------------------|------------------|--|----------------|-------------------------------|-------------------------------------|
| COF  | PROFIT<br>RPORATION   |   | FLORIDA DEPA   | RTMENT<br>B. Morth |                | STATE                    |                  |  |                |                               |                                     |
|  | JAL REPORT 1996   |   |  | ary of Sta         | ate            | ONS                      |                  |  |                |                               |                                     |
| DOCUMENT # L58055  |   |   | (9)  |                    |                |                          |                  |  |                |                               |                                     |
|  | KING LOTS, STREETS, SEA   | AL COAT                                     | ` '  | NG,                |                |                          |                  | <br>   | <b>       </b> | <b>!201 1018/16 1018/</b> 16  | AFAN ARAN DIAN RADI                 |
| Principal Place  | of Business   | Mailir                                      | ng Address   |                    |                |                          |                  |  |                |                               |                                     |
| 1931 NORTH 50TH AVE.  1931 NORTH 50TH AVE.  HOLLYWOOD HILLS FL 33021  HOLLYWOOD HILLS FL 33021 |   |   |  |                    |                |                          |                  |  |                |                               |                                     |
|  |   |   |  |                    |                |                          |                  | 3. Date Incorporated or Qualified 03/19/1990                                     | 3a. (          | Date of Last<br><b>05/01/</b> | •                                   |
| <del></del> -  | ace of Business   |   | ailing Address   |                    |                |                          |                  | 4. FEI Number  | J              |                               | Applied For                         |
| Suite, Apt.  | #, etc.   | 2:6 S                                       | uite, Apt. #, etc.   |                    |                |                          |                  | 65-0222979   |                |                               | Not Applicable                      |
| 22<br>City & State   | • • • • • • • • • • • • • • • • • • •   | 27]   | ty & State   | ·                  |                |                          |                  | 5. Certificate of Status Desired   |                | Fee                           | 75 Additional<br>e Required         |
| 23   | •   | 28  | ly & Glale   |                    |                |                          |                  | 6. Election Campaign Financing Trust Fund Contribution                           |                |                               | 00 May Be<br>led to Fees            |
| Zip<br><b>24</b>   | Country 25  | 29 Zı                                       |  | Co                 | untry          |                          |                  | This corporation has liability for in Florida Statutes     Yes                   | ntangibl       | le tax under                  | s 199.032,                          |
|  | 9. Name and Address of Curre  | nt Register                                 | ∍d Agent   |                    |                |                          |                  | 10. Name and Address of New R  |                |                               |                                     |
| TOUA   | EDANK D   |   |  |                    | 81             | Name                     |                  |  |                |                               |                                     |
| TOMA, FRANK P.<br>1931 NORTH 50TH AVE.   |   |   |  |                    | 82             | Street A                 | vddres           | ss (P.O. Box Number is Not Acceptable)   |                |                               |                                     |
| HOLLY  | WOOD HILLS FL 33021   |   |  |                    | 83             |                          |                  |  |                |                               |                                     |
|  |   |   |  |                    | 84             | City                     |                  |  | F              | -                             | Zip Code                            |
| 11. Pursuant t<br>or register<br>familiar wit  | o the provisions of Sections 607.0502<br>ed agent, or both, in the State of Flori<br>h, and accept the obligations of, Sect | ? and €07.18<br>da. Such eh<br>tion 607.050 | 508, Florida Statute<br>ange was authorize<br>5, Florida Statutes. | s, the about the   | ove-n<br>corps | anned cor<br>oration's t | rporati<br>ooard | on submits this statement for the purp<br>of directors. I hereby accept the appo | cose of        | changing its<br>as registere  | registered office<br>ad agent. I am |
| SIGNATURE: _   |   |   |  |                    |                |                          |                  | •  |                |                               |                                     |
| 12.  | Signature, typed or printed frame of registered agent<br>OFFICERS AN  |   |  | E Bagisters        | d Agent        | i signature rec          | quired w         | hen reinstatingt<br>ADDITIONS/CHANGES TO OFFIC                                   | DATE           |                               | ODD IN 40                           |
| TITLE  | DPV   |   | DELETE   | 1.1                | TETLE          |                          | MA]              | NAGING DIRECTOR  | JENO A         | Change                        |                                     |
| NAME   | TOMA, THERESE F.  |   |  | 1.2 N              | AME            |                          |                  | TER F. TOMA  |                |                               |                                     |
| STREET ADDRESS   | 1931 N. 50TH AVE  |   |  | 1.3 S              | TREET          | ADDRESS                  | 19               | 31 N. 50TH.AVE.  |                |                               |                                     |
| CITY-ST-ZIP<br>TITLE   | HOLLYWOOD FL 33021  |   | DELETE   |                    | 11Y-S1         | ſ-ZIP                    | HO               | LLYWOOD HILLS, F   | L.             | 33021                         |                                     |
| NAME   | DST<br>Toma, Frank P.   |   | Derrie   | 2.17               | IAME           |                          |                  |  |                | ☐ Change                      | □ Addition                          |
| STREET ADDRESS   | 1931 N. 50TH AVE.   |   |  | l l                |                | ADDRESS                  |                  |  |                |                               |                                     |
| CITY-ST-ZIP  | HOLLYWOOD HILLS FL 330  | 021   |  |                    | ITY-SI         |                          |                  |  |                |                               |                                     |
| TITLE  |   |   | DELETE   | 3 1 1              |                |                          |                  |  |                | ☐ Change                      | Addition                            |
| NAME   |   |   |  | 3.2 N              | AMÉ            |                          |                  |  |                |                               |                                     |
| STREET ADDRESS   |   |   |  | 3.3 8              | STREET         | ADDRESS                  |                  |  |                |                               |                                     |
| CITY-ST-ZIP<br>TITLE   |   |   | LJ DEFETE  |                    | (1Y-SI         | - ZIP                    | ~                |  |                |                               |                                     |
| NAME   |   |   | DELETE   | 4.17<br>49 N       |                |                          |                  |  |                | ☐ Change                      | Addition                            |
| STREET ADDRESS   |   |   |  | 4.2 N<br>4.3 S     |                | ADDRESS                  |                  |  |                |                               |                                     |
| CITY-ST-ZIP  |   |   |  |                    | ITY-ST         |                          |                  |  |                |                               |                                     |
| TITLE  |   |   | DELETE   | 5 1 T              |                |                          |                  |  |                | Change                        | Addition                            |
| NAME   |   |   |  | 5 2 N              | AME            | İ                        |                  |  |                |                               | _                                   |

14. I 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 certify that the information indicated on this annual report or supplemental 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.

5 3 STREET ADDRESS

6.3 STREET ADDRESS

64 CHTY - ST - ZIP

5.4 CITY - ST - ZIP

6. 1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

DITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

24

SIGNATURE: ALGERIA TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4-30-96 (954) 9623485

Change

Addition