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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION	OF CORPORA	TIÓNS					
1. Corporation	MENT # L6257	2 (7)							
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Principal Place	of Business	Maling Address	Maling Address						
3615 NORTHLAKE BLVE		3615 NORTHLAKE E	מעונ						
SUITE 203		SUITE 203							
LAKE PARK FL 33403 US		LAKE PARK FL 334 US	03		3. Date Incorporated or Qualified 3a. Date of Last Report			eport	7
• • • • • • • • • • • • • • • • • • • •			_		03/30/1990	O:	5/01/1995		
Principal Place of Business     Total		2a. Mailing Address	·I		4. FEI Number			Applied For	_
Suite, Apt. #, etc.		Suite, Apt. #, etc.	L		65-0189888			Not Applicable Additional	-
22		27			5. Certificate of Status Desired		•	Required	
City & State		Orty & State	THE STATE OF THE S		6. Election Campaign Financing			May Be	
Zip	Couritry	28 Zip	Coun	Irv	Trust Fund Contribution  8. This corporation has liability for it			to Fees	_
24	25	29	30	,	Florida Statutes  Yes		ix under s	199.032,	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered	Agent		
			1	31 Name					
PARMELEE, CELESTE K. 3615 NORTHLAKE BLVE #203			- E		dress (P.O. Box Number is Not Acceptable)				7
	RK FL 33403		1	33					-
UNINE I A	WIN I E SOTOS								_
			'	Gity		FL	<b>85</b> Zip	Code	
11. Pursuant to	o the provisions of Sections 607.0502	2 and 607.1508, Florida Sta	tutes, the abov	e-named corpor	ration submits the statement for the pur	pose of cha	anging its re	egistered office	ij
familiar wit	h, and accept the obligations of Sec	t on 607.0505, Florida Statu	ites.	poraso i a boa	rd of directors. I hereby accept the appoint	antiniesii as	registered	agent ram	1
SIGNATURE	Signature, typest or printed hence of registers of ages	Carelithe Corelinate	(NOVE Facilities Live L	gest synature maping		jait			١.
12.		ID DIRECTORS			ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12	-  <del>(</del> (6)
TITLE	PD	☐ DELFTE	DECETE 1 1 TI				Change	ne tibbA 🔲	CR2E034 (12/95)
NAME	PARMELEE, CELESTE K		1.2 NAM	16				8	
STREET ADDRESS	3615 NORTHLAKE BLVD #20	)3	13 SIR	EE1 AODRESS					l E
CITY - ST - ZIP TITLE	LAKE PARK FL	☐ DELETE	1.4 CiTY 2.1 TiTe	-S1-ZP			Change	TT Addition	- 꽃
NAME	PARMELEE, CELESTE K		2 2 NAV			L	Change	Addition	
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CITY - ST - ZIP	LAKE PARK FL			ST ZiP					
TITLE	\$	DELETE	3 1 Tell	.F		Γ	Change	Addition	1
NAME	BURK, RICHARD B. J		3.2 NAA						
STREET ADDRESS	3615 NORTHLAKE BLVD #20	13		EET ADDRESS					
COY ST-ZIP TITLE	LAKE PARK FL	☐ DELETE	3.4 CBY 4.1 THE	· ST ZIF			T Change	- Addison	4
NAME			4.2 NAM	i		Ĺ	Change	Addition	
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NAME			5.2 NAM	lt.					
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CITY-ST-ZIP TITLE		DELETE		· ST · ZIP			70	F3 4	_
NAME		[] DELEVE	6 1 Tifu			Ĺ	Change	☐ Addition	
STREET ADDRESS			6.2 NAM	EET ADDRESS					
CITY - ST - ZIP			and the second	-S'-7IP					
	y certify that the information supplied	with this filing is voluntarily f	urnished and de	pes not qualify f	or the exemption stated in Section 119.	07(3)(k), Flo	rida Statute	s. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Da<sub>s</sub>tine Phone #