

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L64961** (0)

1. Incorporation Type
PRL INCORPORATED



2. Principal Office
**C/O PASQUALE R. LUCCI
3701 NORTH 29TH AVENUE
HOLLYWOOD FL 33020**

3. Mailing Address
**C/O PASQUALE R. LUCCI
3701 NORTH 29TH AVENUE
HOLLYWOOD FL 33020**

21	22	23	24	25	26	27	28	29	30
4. Principal Office					5. Mailing Address				
6. City, State, and Zip					7. City, State, and Zip				
8. Name and Address of Current Registered Agent					9. Name and Address of Current Registered Agent				

**LUCCI, PASQUALE R.
3701 NORTH 29TH AVENUE
HOLLYWOOD FL 33020**

3. Effective Date of Quoted	3a. Date of Last Report
04/10/1990	01/30/1995
4. FID Number	Applied For
65-0185299	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	

11. I, the undersigned, as a duly qualified resident of the State of Florida, being a resident of the State of Florida, do hereby accept the appointment as registered agent of the above named corporation and in this statement for the purpose of changing its registered office to the principal office located in the State of Florida. Said change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am duly qualified to accept the appointment as registered agent of the State of Florida.

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. Name DP LUCCI, PASQUALE R. 3701 NORTH 29TH AVE. HOLLYWOOD FL	1. Name <input type="checkbox"/> Change <input type="checkbox"/> Add
2. Name	2. Name
3. Name	3. Name
4. Name	4. Name
5. Name	5. Name
6. Name	6. Name
7. Name	7. Name
8. Name	8. Name
9. Name	9. Name
10. Name	10. Name
11. Name	11. Name
12. Name	12. Name
13. Name	13. Name
14. Name	14. Name
15. Name	15. Name
16. Name	16. Name
17. Name	17. Name
18. Name	18. Name
19. Name	19. Name
20. Name	20. Name

14. I, the undersigned, do hereby certify that the information supplied with this report is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath. I am duly qualified to accept the appointment as registered agent of the State of Florida. I hereby accept the appointment as registered agent of the State of Florida.

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

1/20/96 305-925-6775

CR2E034 (12/95)