## 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

1. Corporation	VIENI Name	#	L/383	35	(5)									
•		HSTE	RIES, INC.											
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Principal Place	of Business			М	lailing Address				1	1 14411411 BIT 19600 11141 18180 F	187 STRI BIBI	) = (= 4) <b>0</b> (\$() <b>0</b>	#### <b>####</b> ############################	
	ARLES PL #					ST CHARLES PL #118								
PEMBROKE	PINES FL 3	33026			PEMBROKE PINES FL	MBROKE PINES FL 33026								
									Ī	3. Date Incorporated or Qualified	3a. Da	ite of Last F	•	
										05/17/1990		04/06/	1995	
2. Principal Place of Business			— <del>—</del> —	a. Mailing Address					4. FEI Number			Applied For		
			26	l					<b>65-0198645</b> Not Applic					
Suite, Apt. #, etc. 22			27	Suite, Apt. #, etc.					5. Certificate of Status Desired			5 Additional Required		
City & State				21	City & State				Election Campaign Financing			00 May Be	一	
23				28						Trust Fund Contribution			ed to Fees	
Zip		C	ountry		Zip	Coun	itry			8. This corporation has liability for i	ntangible			
24		25		29		30				Florida Statutes Yes				
	g. Name	and A	ddress of Currer	t Regis	stered Agent					10. Name and Address of New R	egistered	i Agent		
						['	B1	Name						
	ER, JOAN					Ī	B2	Street A	\ddres:	8 (P.O. Box Number is Not Acceptab	le)			
	CHARLES	SPL					вз							
SUITE		:0 EI	22020			Ľ	~							
PEMBROKE PINES FL 33026				[1	B4	City			FI	85 Z	Zip Code			
11. Pursuant to	o the provisi	ons of	Sections 607,0502	2 and 60	07.1508, Florida Statutes	the abov	e-n	named cor	rporation	on submits this statement for the pur	pose of c	hanging its	registered of	fice
or registere familiar with	ed agent, or h, and acce	both, i of the d	n the State of Flori obligations of, Sect	da. Sucl ion 607	h change was authorize .0505, Florida Statutes.	d by the co	жрс	oration's t	board (	of directors. I hereby accept the appo	pintment a	is registere	d agent. I am	
SIGNATURE	,		•											
<del>-, ,</del>	Signature, typed	or printed	name of registered agent			: Registered A	gent	t signature rec	quired wit		DATE.			
12.	SD		OFFICERS AN	D DIREC	DELETE	13. 1, 1 T(I				ADDITIONS/CHANGES TO OFFI	CERS AN	ND DIRECT		
NAME		NOCE	, MINDY		Deter	1.1 III 1.2 NAI						☐ Change	☐ Addition	1
STREET ADDRESS	8630		•					ADDRESS						
CITY-ST-ZIP			PINES FL			1.4 CIT								
TITLE	PD				DELETE	2. 1 717	_	<u></u>				Change	Addition	n -
NAME	KESS	LER, .	IOAN			2.2 NA1	Æ						_	
STREET ADDRESS	900 S	T CH	ARLES PL #118	;		2.3 STA	:EET	ADDRESS						
CITY-ST-ZIP	PEMB	ROKE	PINES FL			2.4 CIT	Y - ST	T-2IP		· ·				
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NAME						3.2 NA	ΛE							
STREET ADDRESS						3.3 ST	REET	I ADDRESS						
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TITLE					☐ DELETE	4. 1 TIT		1				Change	Addition	n
NAME STREET ADDRESS						4.2 NAI		ADDRESS						
						4.3 STR		1						
CITY-ST-ZIP TITLE					[ ] DELETE	4.4 C11 5. 1 T11		1. ZIF				☐ Change	Addition	n
NAME						5.2 NA		ļ						
STREET ADDRESS								ADDRESS						
CITY-ST-ZIP						5.4 CIT								
TITLE					☐ DELETE	6. 1 TiT	_	t				☐ Change	Addition	n
NAME						6.2 NA	ИE							
STREET ADORESS						6.3 STA	ÆET	ADDRESS						
CITY-ST-ZIP						6.4 CH	Y - S1	t-ZIP		the evention stated in Castian 110				
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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), Fiorida 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 receives 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: JOAN KESSLER JOAN KESSLER SIGNATURE AND TYPED OR PRINTED HAMME OF SIGNING OFFICER OR DIRECTOR

3/15/96 954-432-2463 Dayline Proce #