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

DOCUMENT # L76076 (3) 1. Corporation Name RACHBIND ASSOCIATES INC. Principal Place of Business Mailing Address								1			. .	
% HYMIE RACHBIND 8286 N.W. 2ND MANOR CORAL SPRINGS FL 33071			% HYMIE RACHBIND 8286 N.W. 2ND MANOR CORAL SPRINGS FL 33071						- T 4:-	D		
							3.	Date Incorporated or Qualified 05/29/1990	3a.	Date of Last R 04/06/1	•	
2. Principal Plan	ce of Business		2a. Mailing Address				4.	4. FEI Number 65-0192492		Applied For Not Applica		
Suite, Apt #	, etc.	26	Suite, Apt. #, etc.				5. Certificate of Status Desired			\$8.75 Additional		
22			i								Required	
City & State		28	Oty & State 8				6.	Election Campaign Financing Trust Fund Contribution		S5.00 May Be Added to Fees		
<i>Ζ</i> ιρ 24	Country 25	29	Zio	30	ntry		8.	This corporation has liability for Florida Statutes	intang.	ble tax under s	199.032,	
54	9. Name and Address of Curr		tered Agent	30	[10.	Name and Address of New I				
	AND DEPOSIT OF THE PARTY OF THE				81	Name						
RACHBIND, HYMIE					82	Street Addr	ress (P	O Box Number is Not Acceptal	ole)	<u> </u>		
8286 N.W. 2ND MANOR CORAL SPRINGS FL 33071					83							
CORAL	SPRINGS FL 330/1											
					84	Crty		FL 85 ³			p Code	
SIGNATURE Signature: typed or protect name of bug stand algorithms for the fland white (NOTE Reg.) 12. OFFICERS AND DIRECTORS					A, p-11!	! Signature respore	o when n	and their		ATE S AND DIRECTO	DRS IN 12	
TITLE	D		DELETE.	1 1 1	ill E					☐ Change	Addition	
NAME	RACHBIND, HYMIE				AME							
STREET ADDRESS	8286 N.W. 2ND MANOR					ADDRESS						
CITY-ST-ZIP	CORAL SPRINGS FL		DELETE	2 1 7	TY - ST :TLE	1 - 21P				Change	☐ Addition	
NAME			_	2 2 N	4ME					·		
STREET ADDRESS				235	IRFEI	ADDRESS						
CITY-ST-ZIP			DELETE	24C 3 1 I	TY - ST	I - Z/P				☐ Change	☐ Addition	
TITLE NAME				3 1 I						☐ Guande	☐ vacuus.	
STREET ADDRESS						ADDRESS						
CITY - ST - ZIP				34C	rı .s	I - ZIP						
THLE			☐ DELETE	4 1 T						☐ Change	Addition	
NAME CIRCLI ADDRESS				42 N		ADDRESS						
STREET ADDRESS CITY-ST-ZIP					THEE!	ADDRESS 1-7/P						
TITLE			☐ DELETE	5 1 [Change	Addition	
NAME				5 2 N	AMÉ							
STREET ADDRESS				53\$	IHEE"	ADDRESS						
CITY - ST - ZIP	The second secon		(T) 6(1) (1)			T - ZIP				[] (h.z.c.	The Addition	
TITLE			☐ DELETŧ	6 1 T						☐ Change	Addition	
NAME STREET ADDRESS				M 5 8		ADDRESS						
STREET ADDRESS				033	(PLE)	AUDINESS.						

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119 07(3)(k). Florida Statutes: Further certify that the information indicated on this aimual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oain; 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 affairment with an address

SIGNATURE:

ld, RACHEIND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/16/96

(9x4)344-7250

CR2E034 (12/95)