	PROFIT RPORATION UAL REPORT 1996		Sar Sar	DEPARTMENT O ndra B. Mortharr ecretary of State N OF CORPORA	n				
1. Corporation	-	L77924	4 (3	3)					
OWE	ens & Riggio,	P.A.		1. 1. ¹ . 1.	· · · · · · · · · · · · · · · · · · ·	anti an	INTER AND A DESCRIPTION		
Principal Place			Mailing Address						
	DGEWOOD AVE., SEO BEACH FL 32114	ond floor	125 N RIDGEW DAYTONA BEAC	COOD AVE SECC CH FL 32114	ond floor				
2. Principal Pt	lace of Business	·····	2a. Mailing Address			3. Date incorporated or Qual. 06/05/1990 4. FEI Number	fied 3a .	Date of Las	1/1995
1	· · · · · · · · · · · · · · · · · · ·		26			4. FEI Number 59-3015101			Applied For Not Applicable
Suite, Apl. (#, etc.		Suite, Apl. #, etc			5. Certificate of Status Desire	ы 🗖	- ·	75 Additional
Cily & State			City & State			6. Election Campaign Financi Trust Fund Contribution	ng	\$5	e Required .00 May Be Ided to Fees
Ζφ. [4]	Cou 25	· · · · · · · · · · · · · · · · · · ·	Zip 29	Count 30	try	8. This corporation has liabilit	y for intangil Yes	ble tax unde	
		dress of Current R			81 Name	10. Name and Address of N			
125 N	ns, J. Sam Jr. I. Ridgewood av	E., 2ND FLOOR		8	32 Street Add	ress (P.O. Box Number is Not Acc	eptable)		
	ONA BEACH FL 32	2114			14 City				Zip Code
 Pursuant to or registere familiar with SIGNATUHE 	to the provisions of Se ed agent, or both, in t	2114 Ections 607.0502 and the State of Florida S ligations of, Section 6	007.0505, Florida Statu	atutes, the above lorized by the cor utes.	I City - named corpor rporation's boar		appointmer	F L. of changing it nt as register	s registered office ad agent. I am
 Pursuant to or registere femiliar with SIGNATUHE 12. 	to the provisions of Se ed agont, or both, in t th, and accept the obl Signature, by ret or printed or PD	2114 Ections 607.0502 and the State of Florida. S ligations of, Section 6 multicage and agent and t OFFICERS AND DI	007.0505, Florida Statu	atutes, the above porized by the cor- utes.	City Pnamed corpor poration's boar part sgnature require	to bruirectors, thereby accept the	appointmer	F L. of changing it nt as register	s registered office ed agent. I am TORS IN 12
 Pursuant te or registere familiar with SIGNATUHE 12. THLE NAME STHEELADDRESS 	to the provisions of Se ed agent, or both, in t th, and accept the obl Signature, by ed or protect or PD OWENS, J. S 125 N RIDGE	2114 octions 607.0502 and the State of Florida. S ligations of, Section 6 multicipation agent and OFFICERS AND DI SAM JR. WOOD AVE,2 FL	607.0505, Florida Statu INECTORS	8 atutes, the above borized by the cor- utes. 13. 1.1 ITEL 1.2 NAME	City e-named corpor rporation's boar gent sprature require	d or directors. I hereby accept the	appointmer	f changing it of changing it nt as register TE AND DIREC	s registered office ed agent. I am TORS IN 12
 Pursuant te or registere familiar with SIGNAT UHE TILE NAME SIMEE LADDRESS GTY-ST-ZP 	to the provisions of Se ed agont, or both, in t th, and accept the obl Signature, typed or printed na PD OWENS, J. S	2114 octions 607.0502 and the State of Florida. S ligations of, Section 6 multicipation agent and OFFICERS AND DI SAM JR. WOOD AVE,2 FL	607.0505, Florida Statu INECTORS	8 atutes, the above borized by the cor- utes. 13. 1.1 ITEL 1.2 NAME	City Pnamed corpor poration's boar pent sgnature require E E E E ADDRESS -ST-ZIP	d or directors. I hereby accept the	appointmer	FL	is registered office red agent. I am TORS IN 12 re Addition
 Pursuant te or registere familiar with SIGNATUHE 12. THE NAME STHEET ADDRESS STREET ADDRESS 	to the provisions of Se ed agent, or both, in t th, and accept the obl Signature, by ed or protect or PD OWENS, J. S 125 N RIDGE	2114 octions 607.0502 and the State of Florida. S ligations of, Section 6 multicipation agent and OFFICERS AND DI SAM JR. WOOD AVE,2 FL	607:0505, Florida Statu INE Lagocaria IRECTORS	8 atutes, the above voized by the cor- utes. 13. 1.1 JTLL 12 NAMI 1.3 STRE 1.4 CTY 2 1 TITLE 2 2 NAME	City e-named corpor rporation's boar gent sgnature require E E E E I ADDRESS -ST-ZIP E	d or directors. I hereby accept the	appointmer	f changing it of changing it nt as register TE AND DIREC	s registered office ed agent. I am TORS IN 12 e Addition
 Pursuant te or registere familiar with SIGNAT UHE TILE TILE NAME SIFEET ADDRESS CITY - ST-ZIP TILE NAME STREET ADDRESS CITY - ST-ZIP 	to the provisions of Se ed agent, or both, in t th, and accept the obl Signature, by ed or protect or PD OWENS, J. S 125 N RIDGE	2114 octions 607.0502 and the State of Florida. S ligations of, Section 6 multicipation agent and OFFICERS AND DI SAM JR. WOOD AVE,2 FL	607:0505, Florida Statu INE Lagocaria IRECTORS	8 atutes, the above voized by the cor- utes. 13. 1.1 JTLL 12 NAMI 1.3 STRE 1.4 CTY 2 1 TITLE 2 2 NAME	City e-named corpor rporation's boar gent signature require E E E I ADDRESS -ST-ZIP E ST-ZIP S	d or directors. I hereby accept the	appointmer	re AND DIREC Chang Chang	s registered office ed agent. I am TORS IN 12 e Addition
 Pursuant te or registere familiar with SIGNATUHE 12. THE NAME STREETADDRESS CITY - ST-ZIP STREETADDRESS CITY - ST-ZIP NTLE VAME 	to the provisions of Se ed agent, or both, in t th, and accept the obl Signature, by ed or protect or PD OWENS, J. S 125 N RIDGE	2114 octions 607.0502 and the State of Florida. S ligations of, Section 6 multicipation agent and OFFICERS AND DI SAM JR. WOOD AVE,2 FL	607.0505, Florida Statu IRECTORS	8 atutes, the above porzed by the cor- utes. 13. 1.1 TITL 1.2 NAM 1.3 STREE 1.4 CITY- 2.1 TITL 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	I4 City e-named corpor rporation's boar gent signature require E E E I ADDRESS ST-ZIP E E E ADDRESS	d or directors. I hereby accept the	appointmer	FL	s registered office ed agent. I am TORS IN 12 e Addition
11. Pursuant te or registere familiar witi SIGNATUHE 12. THE SIMEELADDRESS CITY ST-201 NAME SIMEELADDRESS CITY ST-201 THE SIMEELADDRESS	to the provisions of Se ed agent, or both, in t th, and accept the obl Signature, by ed or protect or PD OWENS, J. S 125 N RIDGE	2114 octions 607.0502 and the State of Florida. S ligations of, Section 6 multicipation agent and OFFICERS AND DI SAM JR. WOOD AVE,2 FL	607.0505, Florida Statu IRECTORS	8 atutes, the above porzed by the co- utes. 13. 1 1 IIIL 1 2 NAME 1.3 STREE 1.4 CITY- 2 1 TITLE 2 2 NAME 2 3 STREE 2 4 CITY- 3 1 TITLE 3 2 NAME 3 3 STREE	I4 City e-named corpor rporation's boar pent separtive require E E E EI ADDRESS -ST-ZIP E E EI ADDRESS -ST-ZIP E E E E E E E E E E E E E	d or directors. I hereby accept the	appointmer	re AND DIREC Chang Chang	s registered office ed agent. I am TORS IN 12 e Addition
 Pursuant te or registere familiar with SIGNATUHE TILE NAME STHEET ADDRESS CITY ST-ZIP TILE NAME STREET ADDRESS CITY ST-ZIP TILE NAME STREET ADDRESS CITY ST-ZP TILE 	to the provisions of Se ed agent, or both, in t th, and accept the obl Signature, by ed or protect or PD OWENS, J. S 125 N RIDGE	2114 octions 607.0502 and the State of Florida. S ligations of, Section 6 multicipation agent and OFFICERS AND DI SAM JR. WOOD AVE,2 FL	607.0505, Florida Statu IRECTORS	8 atutes, the above porzed by the cor- utes. 13. 1.1 TITL 1.2 NAM 1.3 STREE 1.4 CITY- 2.1 TITL 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	I4 City e-named corpor rporation's boar pent separative require E E E E ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	d or directors. I hereby accept the	appointmer	re AND DIREC Chang Chang	s registered office red agent. I am
 Pursuant te or registere familiar witi SIGNATUHE 12. THE SIME LADDRESS CITY - ST- ZP NITE STREELADDRESS CITY - ST- ZP STREELADDRESS STREELADDRESS STREELADDRESS STREELADDRESS STREELADDRESS 	to the provisions of Se ed agent, or both, in t th, and accept the obl Signature, by ed or protect or PD OWENS, J. S 125 N RIDGE	2114 octions 607.0502 and the State of Florida. S ligations of, Section 6 multicipation agent and OFFICERS AND DI SAM JR. WOOD AVE,2 FL	607.0505, Florida Statu IRE CTORS	8 atutes, the above lorized by the con- utes. 13. 1.1 TITL 1.2 NAME 1.3 STREE 2.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME	I4 City e-named corpor rporation's boar pent sprature require E E E ADDRESS -ST-ZIP E E E ADDRESS -ST-ZIP E E E ADDRESS -ST-ZIP F E E E E E E E E E E E E E	d or directors. I hereby accept the	appointmer		s registered office red agent. I am
 Pursuant te or registere familiar with SIGNATUHE 12. THE NAME STREET ADDRESS CITY - ST - ZP THE NAME STREET ADDRESS CITY - ST - ZP THE NAME STREET ADDRESS CITY - ST - ZP THE NAME STREET ADDRESS CITY - ST - ZP 	to the provisions of Se ed agent, or both, in t th, and accept the obl Signature, by ed or protect or PD OWENS, J. S 125 N RIDGE	2114 octions 607.0502 and the State of Florida. S ligations of, Section 6 multicipation agent and OFFICERS AND DI SAM JR. WOOD AVE,2 FL	607.0505, Florida Statu IRE CTORS	8 atutes, the above lorized by the con- utes. 13. 1.1 TITL 1.2 NAME 1.3 STREE 2.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME	I City e-named corpor rporation's boar pent sprature require E E E ADDRESS -ST-ZIP E E E ADDRESS -ST-ZIP E E E ADDRESS -ST-ZIP E E E ADDRESS -ST-ZIP E E E E E E E E E E E E E	d or directors. I hereby accept the	appointmer		s registered office red agent. I am
 Pursuant te or registere familiar with SIGNATUHE 12. THE STREET ADDRESS CITY - ST - ZH THE STREET ADDRESS CITY - ST - ZH THE STREET ADDRESS CITY - ST - ZH THE IAME STREET ADDRESS CITY - ST - ZH THE IAME STREET ADDRESS CITY - ST - ZH THE IAME STREET ADDRESS CITY - ST - ZH THE IAME STREET ADDRESS CITY - ST - ZH THE IAME STREET ADDRESS CITY - ST - ZH THE 	to the provisions of Se ed agent, or both, in t th, and accept the obl Signature, by ed or protect or PD OWENS, J. S 125 N RIDGE	2114 octions 607.0502 and the State of Florida. S ligations of, Section 6 multicipation agent and OFFICERS AND DI SAM JR. WOOD AVE,2 FL	607.0505, Florida Statu IRE CTORS	8 atutios, the above lorized by the con- utes. 13. 1.1 ITLL 1.2 NAME 1.3 STREE 2.4 CITY- 3.1 TITLE 2.2 NAME 2.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE	I City e-named corpor rporation's boar pent sprature require E E E ADDRESS -ST-ZIP E E E ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E E E T ADDRESS -ST-ZIP E E E E E E E E E E E E E	d or directors. I hereby accept the	appointmer		e Addition
 Pursuant te or registere familiar with SIGNATUHE 12. TILE STREET ADDRESS 	to the provisions of Se ed agent, or both, in t th, and accept the obl Signature, by ed or protect or PD OWENS, J. S 125 N RIDGE	2114 octions 607.0502 and the State of Florida. S ligations of, Section 6 multicipation agent and OFFICERS AND DI SAM JR. WOOD AVE,2 FL	607.0505, Florida Statu IRE CTORS DELETE DELETE	8 aturtos, the above lorized by the con- utes. 13. 1.1 ITLL 1.2 NAME 1.3 STREE 2.4 CITY- 3.1 ITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 STREE 4.4 CITY- 4.1 ITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	I City e-named corpor rporation's boar pent sprature require E E E ADDRESS -ST-ZIP E E E ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E E E T ADDRESS -ST-ZIP E E E E E E E E E E E E E	d or directors. I hereby accept the	appointmer		e Addition
 Pursuant te or registere familiar with SIGNATUHE 12. THE SIME ADDRESS CITY - ST-200 MITE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS 	to the provisions of Se ed agent, or both, in t th, and accept the obl Signature, by ed or protect or PD OWENS, J. S 125 N RIDGE	2114 octions 607.0502 and the State of Florida. S ligations of, Section 6 multicipation agent and OFFICERS AND DI SAM JR. WOOD AVE,2 FL	607.0505, Florida Statu INEECTORS DELETE DELETE DELETE	Atutios, the above borized by the con- utes. NOTE: Registerod Ag 13. 1.1 TITL 1.2 NAME 1.3 STREE 2.4 CITY- 3.1 TITLE 2.2 NAME 2.3 STREE 3.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-	I ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E E T ADDRESS -ST-ZIP E E E E E -ST-ZIP E E E -ST-ZIP E E E -ST-ZIP E E E -ST-ZIP E - ST-ZIP E - ST-ZIP E - ST-ZIP E - ST-ZIP E - ST-ZIP E - ST-ZIP E - ST-ZIP E - ST-ZIP E - ST-ZIP E - ST-ZIP E - ST-ZIP E - ST-ZIP E - ST-ZIP - - ST-ZIP - - - - - - - - - - - - -	d or directors. I hereby accept the	appointmer		e Addition
 Pursuant te or registere familiar witt SIGNATUHE TITLE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS 	to the provisions of Se ed agent, or both, in t th, and accept the obl Signature, by ed or protect or PD OWENS, J. S 125 N RIDGE	2114 octions 607.0502 and the State of Florida. S ligations of, Section 6 multicipation agent and OFFICERS AND DI SAM JR. WOOD AVE,2 FL	607.0505, Florida Statu IRE CTORS DELETE DELETE	atulios, the above iorized by the converse of 13. NOTE Registered Ageneric 1.1 ITTL 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE	I City P-named corpor rporation's boar pent sprature require E E E ADDRESS - ST- ZIP E E ADDRESS - ST- ZIP E E E ADDRESS - ST- ZIP E E E ADDRESS - ST- ZIP E E E - ST- ZIP E E - ST- ZIP E E E - ST- ZIP E E - ST- ZIP E E E - ST- ZIP E E - ST- ZIP E E - ST- ZIP E E E - ST- ZIP E E - ST- ZIP E E - ST- ZIP E E - ST- ZIP E E E - ST- ZIP E E - ST- ZIP E E - ST- ZIP E E - ST- ZIP E E - ST- ZIP E - ST- ZIP E E - ST- ZIP E - ST- ZIP -	d or directors. I hereby accept the	appointmer		s registered office red agent. I am TORS IN 12 e Addition e Addition e Addition
 Pursuant te or registere familiar witt SIGNATURE 	to the provisions of Se ed agent, or both, in t th, and accept the obl Signature, by ed or protect or PD OWENS, J. S 125 N RIDGE	2114 octions 607.0502 and the State of Florida. S ligations of, Section 6 multicipation agent and OFFICERS AND DI SAM JR. WOOD AVE,2 FL	607.0505, Florida Statu INEECTORS DELETE DELETE DELETE	B atulios, the above voized by the con- utes. MOTE Registered Ag- 13. 1.1 ITLL 12 NAME 1.3 STREE 1.4 CITY. 2 1 TITLE 2 2 NAME 2 3 STREE 3 4 CITY. 4 1 TITLE 2 NAME 3 3 STREE 3 4 CITY. 4 1 TITLE 5 2 NAME 5 3 STREE 5 3 STREE 5 4 CITY. 6 1 TITLE 6 2 NAME	I City P-named corpor rporation's boar pent sprature require E E E ADDRESS - ST- ZIP E E ADDRESS - ST- ZIP E E E ADDRESS - ST- ZIP E E E ADDRESS - ST- ZIP E E E - ST- ZIP E E - ST- ZIP E E E - ST- ZIP E E - ST- ZIP E E E - ST- ZIP E E - ST- ZIP E E - ST- ZIP E E E - ST- ZIP E E - ST- ZIP E E - ST- ZIP E E - ST- ZIP E E E - ST- ZIP E E - ST- ZIP E E - ST- ZIP E E - ST- ZIP E E - ST- ZIP E - ST- ZIP E E - ST- ZIP E - ST- ZIP -	d or directors. I hereby accept the	appointmer		s registered office red agent. I am TORS IN 12 e Addition e Addition e Addition