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

PROFIT CORPORATION ANNUAL REPORT

Suite, Apt. #, etc.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

TITLE

THLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

L96962

(0)

Suite, Apt. #, etc.

Principal Place of Business	Mailing Address
7777 GLADES RD., SUITE 110	7777 GLADES RD SUITE 110
BOCA RATON FL 33434	BOCA RATON FL 33434

3. Date incorporated or Qualified	3a. Da	ate of Last Report
08/28/1990	(02/07/1995
4. FEI Number		Applied For
65-0215735		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
 Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
 This corporation has liability for in Florida Statutes		tax under s. 199.032,
10. Name and Address of New R	egistere	d Agent

City & State BOCA RATON, FL.	City & State BOCA RATO	N,	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip 2 3(1)N(Country		untry	8, This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No
9. Name and Address of Current R	legistered Agent		10. Name and Address of New Registered Agent
		81	Name
YEAKLE, KATIE			Street Address (P.O. Box Number is Not Acceptable)
7777 GLADES RD., SUITE 176. 2/0 BOCA RATON FL 33434		83	
		84	City FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 an	nd 607.1508, Florida Statutes, the abo	ove-n	amed corporation submits this statement for the purpose of changing its registered office

or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered familiar with and propert the obligations of Section 697.0505, Florida Statutes.

NATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE 1. 1 TiTLE Change ☐ Addition TITLE WEITZ, ERIC 1.2 NAME NAME 7777 GLADES RD., SUITE 132210 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33434** 1.4 CITY-ST-ZIP CITY-\$1-ZIP Change Addition DELETE P,D TOLE 2 1 TITLE Ucakle, Katie YEAKLE, KATIE 22 NAME NAME 7777 Glades Ad., Suite 210 7777 GLADES RD., SUITE 1X 210 STREET ADDRESS 23 STREET ADDRESS Boca Roton, FL 33434 **BOCA RATON FL 33434** CITY-ST-ZIP 24 CITY - ST - ZIP DELETE ☐ Change Addition 3 1 TITLE TITLE 3.2 NAME 33 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST-ZIP CHY-ST-ZP ☐ Change ☐ Addition DELETE 4. 1 TITLE TIELE **4.2 NAME** NAME 4.3 STREET ADDRESS STHEET ADDRESS CHTY-ST-ZIP 4.4 CITY - ST - ZIP ☐ Change ☐ Addition DELETE

64 CITY-ST-ZIP CITY - ST - ZIP 14. 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), Florida 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 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.

5 1 TITLE

5 2 NAME 5 3 STREET ADDRESS

6 1 TITLE

62 NAME

DELETE

54 CITY-ST-ZIP

6.3 STREET ADDRESS

OFFICER OR DIRECTOR

Change

Addition