

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
AND  
FILED

95 MAY - I PH 1-55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1926 7TH AVE NORTH LAKE WORTH FL 33461 US		1926 7TH AVE. N. LAKE WORTH FL 33461 US	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified <b>08/31/1990</b>
21		26	3a. Date of Last Report <b>05/01/1994</b>
Suite Apt. # etc.		Suite Apt. # etc.	4. FEI Number <b>65-0217130</b>
22		27	4a. Applied For Not Applicable
City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
✓ 24	✓ 25	✓ 29	7. This corporation has liability for attorney's fees under S. 1181 (82 Florida Statute) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HARRINGTON, CYNTHIA 1926 7TH AVENUE NORTH LAKE WORTH FL 33461		B1	Name
		B2	Street Address (P.O. Box Numbering Not Acceptable)
		B3	
		B4	City
		B5	Zip Code

11. Pursuant to the provisions of Sections 857.12(1) and 857.15(b), Florida Statutes, the above-named 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. Thereby accept the appointment as registered agent I am familiar with, and accept the resignation of John B. Smith, Florida Statutes.

## SIMULATION

14. I acknowledge and certify that the information supplied with this Report is voluntarily furnished and true, not only for the purposes stated in Section 119 (a) (iii) Florida Statutes. I further certify that the information indicated on the original report or supplement or addendum 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 employee of the corporation or firm or trustee empowered to execute the report as required by Chapter 605, Florida Statutes, and that my name appears in Block 1, or Block 3, of Form 1, as required by Rule 1.10(1), Florida Rules of Procedure.

**SIGNATURE:**

SIGNATURES ARE IN BOLD TYPE AND PRINTED NAME OF THE OFFICER OR DIRECTOR

4/4/97