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PROFIT ♦ CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # M08875

(O)

Principal Place	UTER & PERIPHERAL WAI	Ма	ling Address							
225 GOOLSE DEERFIELD I	BY BLVD. Beach Fl 33442	225 GOOLSBY BLVD. DEERFIELD BEACH FL 33442								
							3. Date Incorporated or Qualified 12/13/1984		of Last F 1/19/19	
Principal Place of Business 1			2a. Mailing Address 26				4. FEI Number 59-2543806	Applied For		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						Not Applicable 5 Additional	
22		27				5. Certificate of Status Desired			Required	
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution			0 May Be
Ζιρ [1.7]	Country	_	Zip	Cou	ntry	,	8. This corporation has liability for	intangible ta		
24			29 3				Florida Statutes 🔲 Yes 🔼 No			
	Name and Address of Current Registered Agent					Name	10. Name and Address of New R	tegistered .	Agent	
LENOFE	, steven				81					
1761 W. HILLSBORO BLVD.					82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
SUITE 4	05				63					
DEERFIE	ELD BEACH FL 33442				84	^				
					- 1	City		FL	11	p Code
familiar wit	o this provisions of Sections 607,050; ed agent, or both, in the State of Flor th, and accept the obligations of, Sec Styration, band or printed name of registered agent	tion 607.0	505, Florida Statutes.	o by the c	orp	oration's bo	oration submits this statement for the pur pard of directors. I hereby accept the apport	ointment as	inging its r registered	registered office 1 agent. I am
12.	OFFICERS AN			13.	- Wor	r ognatore requ	ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTO	DRS IN 12
THLE	P	☐ DELETE			1LE				Change	Addition
NAME	JETTINGHOFF, J.A.	ETTINGHOFF, J.A.		12 NA	12 NAME					_
STREET ADOPESS	633 EDDY STREET	1.7			1.3 STREET ADDRESS					
CHTY-ST-ZIP	BOCA RATON FL 33442			1.4 00		T-ZIP				
THLF NAME	☐ DELETE		4	2 1 TITLE				Change	Addition	
STREET ADDRESS				2 2 NA						
CHY-SI ZiP				- 1		ADORESS				
Title			DELETE	2.4 CIT		T-ZIP			7.05	
NAME				3.7 M				L.] Change	Addition
STREET ADDRESS						ADDRESS				
CITY - ST - ZIF				3 4 CIT						
TITLE			DELETE	4.1 10					Change	Addition
NAME				4.2 NA	MΕ			L		
STHEET ADDRESS				4.3 STF	REET	ADDRESS				
CIPY - ST - 7IP				4.4 CIT	Y - <u>S</u> 1	r - ZIP				
FILE			□ DELETE	5 1 TiT	LE			Ľ	Change	☐ Addition
NAME				E 2 NA	ME	1				

6.4 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 3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE

6 2 NAME

SIGNATURE:

STREET ADDRESS

STHEET ADDRESS

CITY - S1 - ZIP

CHY ST-ZIP

TITLE

NAME

J. A. J'BTTINGHOFF OF SIGNING OFFICER OF DIRECTOR

DELETE

Change

Addition