## 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

Principal Place of Business  Principal Place of Business  Mailing Address  700 S. OCEAN BLVD.  APT. #403  BOCA RATON FL 33432  ROCA RATON FL 33432							
BUCA HAIL	IN FL 33432	BOCA RATON FL 334	32		3. Date Incorporated or Qualified	3a. Date of Las	t Report
2 Principal F	Place of Business				01/11/1988	03/28/1	995
21	rnnopal Place of Business 2a. Mailing Address 26				00 050050		Applied For
Suite, Apt #, etc. Suite Ant #					00.75		Not Applicable
22		27			5. Certificate of Status Desired		75 Additional se Required
City & Stal	te	City & State			Election Campaign Financing     Trust Fund Contribution	┌ \$5	.00 May Be
Zip 24	25 29		Country 30		This corporation has liability for in Florida Statutes     Yes	ntangible tax unde	
	<ol><li>Name and Address of Current</li></ol>	Registered Agent			10. Name and Address of New Ro		
000:-			1	11 Name			
COONEY, MARGARET M. 700 S. OCEAN BLVD.			1	Street Add	dress (P.O. Box Number is Not Acceptable	Θ)	
APT. #			8	3			
BOCA RATON FL 33432			[ 	4 City		المال	7 0
11 Purement	to the provinces of Posting Coz or on		1	* ",	oration submits this statement for the purp		Zip Code
SIGNATURE  12.	Standard typed or prohibition of repotentially of DP	DIRECTORS	13.	de i ja di sajeno keli lik	ad wice resistancy ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIRECT	TORS IN 12
NAME	COONEY, MARGARET M 700 S. OCEAN BLVD. #403 BOCA RATON FL		11111			☐ Chang	e 🔲 Addition
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CITY - ST - ZIP			14 0114			_	
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TREET ADORESS	FAIRFIELD NJ		2.3 STREET ADDRESS		100 PASSAIC ALL	101	
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TY-ST-ZIP				* ADDRESS			
111.31-51.	<u></u>		6.4 CITY -	ST - 7/P			

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 appears in Block 12 or Block 13 if changing, or on an attachment with an address.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

5/20/96 201-244-4206