FILE NOW: FILING FEE IS \$61.25

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Corporation	MENT # N3373 SFLORIDA EXECUTIVE CENT	` '			
Discipal Disc	-10				
Principal Place	e of Business	Mailing Address		COMPLIME DES HINES FAIRS LESSON A	un andı arası didir alatı bibir bibit bibit bibi
6950 CYPRE PLANTATION	ISS ROAD N FL 33317-2361	ARSON X XXXIARA 1480ATANIK RIKS 12 ANIARON WANG	X x	Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pl	lace of Business	2a MayyuaA	Poliakoff,J.	08/16/1989	06/13/1995
21	and of Dustings	26 Becker &	Poliakoff,P.	A 65-0177219	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27 3111 Stir	ling Road	5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Fort Laude	erdale, FL	Trust Fund Contribution	Added to Fees
24	25	29 33312	Country 30 Broward	8. This corporation has liability for	
	9. Name and Address of Current	Registered Agent	30 BIOWAIG	Florida Statutes 10. Name and Address of New F	Yes No
			81 Name G	ARY A. POLIAKOFF	. i . D
KESHIN XIMMAXIXIX			LL C/0	BECKER & POLIAK	OFF. P.A.
X96 X K	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			ss (P.O. Box Number is Not Acceptate Stirling Road	ne)
ROMPAL	MOXBIORIX PLXXX062X		83		
			84 City		as Zin Code
11 Directorit	to the ere is a set of the ere of		For	t Lauderdale	FL 85 Zio Code 3 3 3 1 2
or register	to the provisions of Sections 617.0502 and agent, or both, in the State of Florida th, and agent the obligations of Section	and 617.1508, Florida Statute a. Such change was authorize	s, the above named corpora of by the corporation's board	ation submits this statement for the pure	pose of changing its registered office
<i>5</i>	th, and accept the obligations of, Section			a or directors. Thereby accept the app	
SIGNATURE	Signature, typed or printed name of registered agent as	γ_1 , γ_2			6/21/96
12.	OFFICERS AND		F. Registered Agent signature required. 13.	when reir stating) ADDITIONS/CHANGES TO OFF	CERS AND DIDECTORIC IN 10
TITLE	DTS	DELETE	11 TITLE	14.5416.13.6724161.3.16.671	Change Addition
NAME	ELIE, EDGAR C		1.2 NAME		Clarife Through
STREET ADORESS	1921 E. ATLANTIC BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL 33062		1.4 CITY-ST-ZIP		
TITLE	SD	DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	ELIE, RICHARD		2.2 NAME		
STREET ADDRESS	1921 E. ATLANTIC BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	POMPANO BCH. FL 33062	FIDELETE	2 4 CITY - ST - Z/P		
NAME	D EUE DAIN	DELETE	3.1 TIFLE		Change Addition
STREET ADDRESS	elie, Paul 1921 e. Alantic Blvd.		3.2 NAME		
CITY-ST-ZIP	POMPANO BCH. FL 33062		3 3 STREET ADDRESS 34 CITY-ST-ZIP		
TITLE	THE PAIR IS NOT THE	DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4 4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TIFLE		☐ Change ☐ Addition
IAME			5 2 NAME		_
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP CITLE		Donese	5 4 CITY - ST - ZIP		
IAME		DELETE	6 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			6 2 NAME		
CITY-ST-ZIP			6 3 STREET ADORESS		
4. I do hereby	certify that the information supplied wit	h this filing is voluntarily furnish	6.4 CITY-ST-ZIP hed and does not qualify for	the exemption stated in Section 440.5	OZ/QWID Florido Ctot
oath; that I	the information indicated on this annual am an officer or director of the corporal Block 12 or Block 13 if changed or on	ion or the receiver or trustee	ompowered to average this	and that my signature shall have the seport as required by Chapter 617, Flo	riolity, Fibrida Statutes. I further same legal effect as if made under rida Statutes; and that my name

Date

Daytinie Phone #