FIL	E I	ION	N:	FIL	ING	FEE	IS:	\$61.	.25
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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N40946

(8)

OPER/ Principal Place 636 BEARD TALLAHASSI	ST.	/AL, INC. Mailing Address 636 BEARD ST. TALLAHASSEE FL				
US	CE LE ARON	TREENINGSEE YE	32 303	3. Date Incorporated or Qualified	3a. Date of Last Report	
				11/16/1990	03/08/1995	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 65-0233640	Applied For	
Suite, Apt. i	#. etc.	Suite, Apt. #, etc.		00 0200040	Not Applicable \$8.75 Additional	
2	•	27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
7:0	C4-	28		Trust Fund Contribution	Added to Fees	
Zip 24	Country 25	Zip	Country 30	8. This corporation has liability for in		
71	9. Name and Address of Curr	1 1	30	Florida Statutes 10. Name and Address of New Re	Yes No	
			81 Name	Hame and Addition of How Re	Suprement Willer	
801 BRI SUITE 1	, KENNETH M. ICKELL AVE. 1401 EL 33131		82 Street Addr8384 City	ess (P.Ö. Box Number is Not Acceptable	FL 85 Zip Code	
familiar wit	ed agent, or both, in the state of his th, and accept the obligations of, Sc Signature, typod or printed name of registered at OFFICERS A	orida. Such change was autho ection 617.0503, Florida Statu	inzed by the comoration's boar	ation submits this statement for the purp d of directors. I hereby accept the appoi d when reinstating ADDITIONS/CHANGES TO OFFIC	ntment as registered agent. I am	
ILE	DP	DELETE	1 1 TOTLE		☐ Change ☐ Addition	
IME .	FLEITMAN, JANE		1.2 NAME			
rreet adu Bess	636 BEARD ST.		1 3 STREET ADORESS			
TY-ST-ZIP	TALLAHASSEE FL DV	DELETE	14 CITY-ST-ZIP			
ILE 7	Fleitman, Peter	["]nerete	2 1 TITLE 22 NAME		☐ Change ☐ Addition	
iame Street address	636 BEARD ST.		2 3 STHEET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL		2 4 City - St - ZiP			
IITLE	DST	DELETE	3 1 TITLE		Change Addition	
NAME	BLOOM, KENNETH M.		32 NAME		_	
OMEET ADDRESS	801 BRICKELL AVE. SUITE	1401	3 3 STREET ADDRESS			
CITY - ST - ZIP TITLE	MIAMI FL	DIDELETE	34 CITY-ST-ZIP			
NAME		DELETE	4.1 TITLE		☐ Change ☐ Addition	
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 City - St - ZiP			
TITLE		DELETE	51 TITLE		Change Addition	
NAME		_	5 2 NAME		<u> </u>	
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CITY-ST-ZIP			
TITLE		□DELETE	6 1 TITLE		Change Addition	
NAME			6 2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY-ST-ZIP	Contife that the left	- 10. El . Pl	6 4 CiTY - ST - ZiP			
oath: that	. the information indicated on this ar	inual report or supplemental a	nnual report is true and accura	or the exemption stated in Section 119.0 to and that my signature shall have the s s report as required by Chapter 617, Flor	agen local affect on if made under	

SIGNATURE:

HONATURE AN EYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

rene 8, 1996 (904) 2222269