FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

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	JMENT ion Name LEGAL FL		0000567	7 (9)					Tähir 33jji Adibi Birib A	1134 13 8 17 3 88 6 3 88 3
Principal Place	ce of Busines	S	Mailing Addre	ee ee						
Principal Place of Business Mailing Address 182 COLLY WAY NORTH LAUDERDALE FL 33068 NORTH LAUDER			ALE FL 33068					(U) 1991: 1891: 1991		
1177 video vo								3. Date Incorporated or Qualified 11/14/1994	3a. Date of Las 09/01/	
2. Principal I	Place of Busin	ness	2a. Malling Ad 26	dress	•			4. FEI Number -APPLIED FOR 65-0		Applied For Not Applicable
Suite, Apt	t. #, etc.		Suite, Apt.	#, etc.	11/1			5. Certificate of Status Desired	┌┐ \$8.7	5 Additional Required
City & Sta	ile		City & Stat	6			***************************************	Election Campaign Financing Trust Fund Contribution	□ \$5.0	DO May Be
Ζφ 24	*******	Country 25	Ζιρ 29	30	Country	/		8. This corporation has liability for in	Add	ed to Fees s. 199.032,
	9, Name	and Address of Cur	rent Registered Agen	it jos				10. Name and Address of New Re		
			1		81	N	lame		giotorea rigorit	
BOND,					82	S	treet Addre	ss (P.O. Box Number is Not Acceptable	<u> </u>	
	LLY WAY							oo y re- box rearrisor is not recopiable		
NORTH	LAUDERDA	LE FL 33068			83	ļ				
					84	С	ity		- 85 Z	ip Code
11. Pursuant	to the provisi	ons of Sections 617.05	02 and 617,1508, Flori	da Statutes, the a	above-r	l	ed cornora	tion submits this statement for the purpo	FL 63 2	
or registe familiar w	ared agent, or with, and accept	both, in the State of Float the obligations of, Se	orida. Such change wa	s authorized by the Statutes	e com	ora	ion's board	tion submits this statement for the purpor lof directors. I hereby accept the appoin	ose of chariging its atment as registered	registered office d agent. I am
SIGNATURE	n:r	ma		a Clarintes.					11.2/0/	
	Signature, ped	or printed name of registered ag		NOTE Regist	red Agen	rt sign	ature required y	when reinstating)	DATE DATE	· · · · · · · · · · · · · · · · · · ·
12.	D	OFFICERS A	ND DIRECTORS		3.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	DRS IN 12
NAME	BOND, E	2 1	DE		1 TITLE				☐ Change	Addition
STREET ADDRESS	182 COL				2 NAME	100				
CITY-ST-ZIP		LAUDERDALE FL 3	3068		3 STREET 1 City - S					
TITLE	D		DE		TITLE	1 - 211	<u> </u>		Change	Addition
NAME	WRIGHT,	, ronald			NAME				C Change	L. Adolloli
STREET ADDRESS		V. 29TH AVE		2.3	STREET	ADDI	RESS			
CITY-ST-ZIP		DERDALE FL 33312			4 CITY-S	T- 21	р			
TITLE NAME	D	L LISTA L	DE	LETE 3-	TITLE				Change	Addition
STREET ADDRESS	HUNT, J			3.2	NAME					
CITY-ST-ZIP	ET I ALIE	V. <mark>29 ave.</mark> Derdale fl 33312			STREET					
TITLE	I I. LAUL	PERDALE PL 33312	DE		CITY-S	T - ZIF	<u>, </u>			
NAME					NAME				Change	Addition
STREET ADDRESS					STREET A	ADDA	FSS			
CITY-ST-ZIP					CITY-ST		100			
TITLE			DEL	C7.C	TITLE	<u> </u>			Change	Addition
NAME				5.2	NAME		ł			
STREET ADDRESS				5.3	STREET #	\DDR	ESS			
CITY-ST-ZIP					CITY-ST	- ZIP				
FITLE			□DEL]	TITLE				Change	Addition
NAME STREET ADDRESS					NAME					
DITY-ST-ZIP					STREET A		ESS			
14. I do hereb	y certify that th	he Information supplied	with this filing is volunt	arily furnished on	CITY-ST-		quality for t	he exemption stated in Section 119.07(3)(k) Florida Stat 1	no. 16 udb ==
oath; that I	am an officer	or director of the corp		ntar ann ga r repon				ne exemption stated in Section 119.07(and that my signature shall have the san aport as required by Chapter 617, Florida 		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4:26.96 Date