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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N9500004347 (9)

APPROVED AND FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



1 morpar race	o or business		Malling Addre	#SS			''"			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*** **** ****
123 NW 13TH ST 123 NW 13TH ST											
SUITE 300	SUITE 300										
BOCA RATO	N FL 33432			ON FL 33432							
			500	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				corporated or Qualified /08/1995	3a. [Date of Last	t Report
2. Principal P	lace of Business		2a. Mailing Ad	ddress			4. FEI Nun			Tu lu	Applied For
21			26				i			 	Not Applicable
Suite, Apt.	#, etc.		Suite, Apt	. #. etc.			·			60 7	
22			27				5. Certifica	ite of Status Desired		•	5 Additional Required
City & State	le		City & Sta	te	•		6. Election	Campaign Financing	T.112	\$5.0	0 May Be
23			28				I	and Contribution			ed to Fees
Zip	¬ '				Zip Country			poration has liability fo	r intangible t		
24							II .	Florida Statutes 🔲 Yes 💟 No			
	9. Name and	Address of Current	Registered Age	nt			10. Name a	and Address of New	Registered	Agent	
ĺ					81	Name	1				
FINGUL	IN, GEORGE				00	KN	EEN, JEFFREY D.				
123 NW 13TH ST					82	82 Street Address F.O. Box Number Is Not Acceptable) 1400 CENTREPARK BOULEVARD					
SUITE 300					83	†	ITE 1000	······································			
BOCA R	RATON FL 3343	2			84	1	1111 1000			11	
		^				∣₩E	ST PALM BEA	ACH	FL	85 Zi	р Code 33401
11. Pursuant t	to the provisions	of Sections 617.0602 a in the State of Florida Distributions of Section	and 617.1508, Flo	rida Statutes, ti	he above a	named c	orporation submits th	is statement for the p	urpose of ch	angino its	registered office
or register familiar wi	red agent, or both ith and accept th	in the State of Florida Distributions of Section	i. Such change wi n 617 0503. Floric	as authorized b la/Statutes	y the corp	oration's	s board of directors. I	hereby accept the ap	pointment as	s registered	d agent. I am
SIGNATURE	SHI	ムワル		A	/ J	EFFRI	EY D. KNEET		4/10	2/91	
SIGNATURE ,	Signature, typed of con-	led name of registered agent an	nd titre if epplicable	(NOTE:	Y (required when reinstating)		DATE	<u>" 4</u>	2
12.		OFFICERS AND	DIRECTORS		13.			NS/CHANGES TO OF	FICERS AND	DIRECTO	ORS IN 12
TITLE	DP		\	ELETE	1.1 TITLE			· ··		Change	☐ Addition
NAME	FINGULIN, (GEORGE			1.2 NAME						_
STREET ADDRESS		TH ST SUITE 300			1.3 STREET	22390104		SÓĎ	QQ 1	<u>79</u> 1	948 -001
CITY - ST - ZIP		N FL 33432			1.4 CITY - S			-04/24	736U		
TITLE	DV	DITTE OUTUE	П	ELETE	2.1 TITLE) I - ZIF		****	61.25	Change	Addition
NAME	ENGELSTEI	M HADDV	۵.							Ш спанде	Modifion
STREET ADDRESS		TH ST SUITE 300			22 NAME						
					2.3 STREET						
CITY-ST-ZIP TITLE		N FL 33432	<u></u>	CLETE	2. 4 CITY - S	ST-ZIP	 				
	DST	IOT IN	X	ELETE	3.1 TITLE					Change	Addition
NAME	KRAYNICK,				3.2 NAME						
STREET ADDRESS		TH ST SUITE 300			3.3 STREET	ADDRESS					ļ
CITY-ST-ZIP	BOCA RATO	N FL 33432			3.4. CITY-5	ST-ZIP		-111			
TITLE				ELETE	4.1 TITLE		DP			☐ Change	Addition
NAME					4. 2 NAME		WOLFE, ROB	ERT S.			
STREET ADDRESS					4.3 STREET	ADDRESS	123 N.W. 1	3TH STREET,	SUTTE	300	
CITY-ST-ZIP					4.4 CITY-S	T-ZIP	BOCA RATION	, FLORIDA 3	3433	500	
TITLE				ELETE	5.1 TITLE	•	DST	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME					5.2 NAME		1	3.75.75	,		रहें
STREET ADDRESS					5.3 STREET	ADDRESS	GAUDET, LY	NNE			1
CITY-ST-ZIP							123 N.W. 1	3TH STREET,	SUITE	300	ļ
TITLE		,,	Пп	ELETE	5.4 CITY-S	1-ZIP	HUCA RATON	, FLORIDA 3	3432	Change	Addition
NAME		•	ر ا		ļ.		1			crange	☐ Addition
					6.2 NAME						
STREET ADDRESS					6.3 STREET						
CHY-ST-ZIP	v partify that the in	formation supplied wit	h this files is use	ntorik di walat -	6.4 CITY-ST		54 4-4		A-10:		
*** 100 HOLDO	v ∪oliliv illosi ille il	ncorranca i suchished Wif	a ans indo is volu	CHARDY BURDISDAY	and does	E DOLOUS	un/ for the exemption	retatori in Stantian 110	コンフィンハレン じしゃ	غرفسة الأحامات	ا ممالت المم

necess certify that the information supplied with this tiling 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 expression or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, and that my name address.

SIGNATURE: _

HARVAURE MARKET SHEET TO NAME OF SHOWING OFFICER OR DIRECTOR

APRIL 22, 1996 (407) 391-4012

Daytime Phone #