## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name P10855

(5)

DI II		SIGMA	11.10
PMI	>II-MA	NI TIVIA	INI.

23123 STATE ROAD 7   23123 STATE ROAD 7   SUITE 250   BOCA RATON FL 33428   BOCA RATON FL 33428   3. Date Incorporated or Qualified   O7/22/1986   O7/27/1995		-							
SURE 20  Principal Proce of Business  2. Principal Proce of Business  2. Principal Proce of Business  3. Data April 1, std.  3. Data Process of Business  3. Data Principal Proce of Business  3. Data Principal Process  3. Data Principal	Principal Place	e of Business	Mailing Address				i Bill Digil Bibil		A MANANA MANANA AMANA
2. Principal Place of Business 2. A Maling Address 3. Date incorporation Counted On/2/2/1985 3/7/2/2/1985 26 5. Principal Place of Business 2. A Maling Address 3. A F. I. Numrous 2. Applied for 1. Appl	SUITE 250 SUI		SUITE 250						
Suite, Apt. J., etc.    Suite, Apt. J., etc.   Suite, Apt. E., etc.			DUCA HATUN FL 334	90CA HATON FL 33428			Qualified 3a. Date of Last Report 07/27/1995		
Substance Applies and Applies		lace of Business				<del></del>			
To County State		#, etc.							
25   27   28   29   29   29   29   29   29   29	22		<del> </del>		5. Certificate of Status Desired	Ø			
29   29   30   30   30   30   30   30   30   3		e	City & State		6. Election Campaign Financing		\$5.0	O May Be	
Section   Sect					Trust Fund Contribution				
MACEY, DIANNE   23123 STATE ROAD 7   SUITE 250   63   Suite 250   64   City   FL   65   Zip Code		<del></del>							
MACEY, DIANNE 23123 STATE ROAD 7 SUITE 250 BOCA RATON FL 33428  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Forsis Statues, this above named corporation submits this statement for the purpose of cranging its registered officion registered appril, or both, in this State of Pavida. Suinn change was authorized by the corporation's blond of directors. Thereby accept the appointment as registered appril, and accept the chilaptions of, Section 617,0502, Forsida Statutes.  SCNATURE  TO STREET ALOUISE  12. OFFICERS AND DIRECTORS  13. AIRX MONSECHANGES TO OFFICERS AND DIRECTORS IN 12  THE DESTRUCTION OF THE PURPOSE	24			30					
23123 STATE ROAD 7 SUITE 250 BDCA RATON FL 33428  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sectors 617 0502 and 617 1508. Pointed Statutes, the above named coccuration submits this statement for the purpose of crisingling its registered agent, or both, in the State of Fonds. Such change was authorized by the corporation's change was authorized by the corporation's change was authorized by the corporation's change in the state of Fonds. Such change was authorized by the corporation's change in the state of Fonds. Such change was authorized by the corporation's change in the supportment as registered agent. I am familiar with, and adocent the obligations of Science in 617-0505. Place in 617-0			7.9		81 Name	10. Hame and Address of New Re	gistered Ag	CIIL	
23123 STATE ROAD 7 SUITE 250 BDCA RATON FL 33428  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sectors 617 0502 and 617 1508. Pointed Statutes, the above named coccuration submits this statement for the purpose of crisingling its registered agent, or both, in the State of Fonds. Such change was authorized by the corporation's change was authorized by the corporation's change was authorized by the corporation's change in the state of Fonds. Such change was authorized by the corporation's change in the state of Fonds. Such change was authorized by the corporation's change in the supportment as registered agent. I am familiar with, and adocent the obligations of Science in 617-0505. Place in 617-0	MACEY	DIANNE					**		
SUITE 250 BOCA RATON FL 33428  11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Fortical Statutes, the above named corporation submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Fonda. Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent. I am forting with and accept the obligations of, Section 617,0503. Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS CHANGES TO OR FICE SAND DIRECTORS IN 17.  INTE.  D. OFFICERS AND DIRECTORS IN					82 Street Add	dress (P.O. Box Number is Not Acceptable	e)		
BOCA RATON FL 33428  84 City				-	83				
Part   Pursuant to the provisions of Sections 617 0500 and 617 1506. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office provisions depend on the obligations of Section 617 0500. Florida Statutes.    Signature to the provision of Section 617 0500. Florida Statutes.   Post   P				-					
11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above-named corporation's submitted that the purpose of changing its registered depth or registered agent, in the State of Borida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar visit, and accept the obligations of, Section 617,0500, Florida Statutes.  SIGNATURE				ľ	B4 City		FI	<b>85</b> Zip	Code
SIGNATURE    12. OFFICERS AND DIRECTORS   13. ADDITIONS/CITANGES TO OFFICERS AND DIRECTORS   12. PMME	or register	red agent, or both, in the State of Fiorio	a. Such change was authoriz	ed by the co	re-named corporation's bo	oration submits this statement for the purp ard of directors. I hereby accept the appoi	vors of shoos	jing its re gistered	egistered office agent. I am
12.   OFFICERS AND DIRECTORS   13.   ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12.									
THE	10				Agent signature requi				
NAME SIREET ADDRESS JA28 JANELLEN DR. BALTIMORE MD  13 STREET ADDRESS JA28 JANELLEN DR. BALTIMORE MD  14 CITY-ST(PP)  D  D  DELETE  21 TITLF  CTANGE  AMACEY, DIANNE  22 NAME  SIREET ADDRESS  CITY-ST-2PP  BOCA RATON FL  24 CITY-ST-2PP  BOCA RATON FL  24 CITY-ST-2PP  BOCA RATON FL  32 MAME  SENSENEY, CHRIS SPOTSWOOD NJ 08884  34 CITY-ST-2PP  D  D  DELETE  41 TITLE  D  Change Addition  AMME JOSETTE, GEORGE  42 NAME JOSETTE, GEORGE  43 STREET ADDRESS CITY-ST-2PP  ADDRESS  GAITHERSBURG MD 20879  44 CITY-ST-2PP  DOLETTE  STREET ADDRESS CITY-ST-2PP  STREET ADDRES						ADDITIONS/CHANGES TO OFFIC	-		
STREET ADDRESS  BALTIMORE MD  14CITY-SIZEP  BALTIMORE MD  14CITY-SIZEP  D  CTHANGE  D  CTHANGE  D  CTHANGE  D  CTHANGE  Addition  NAME  MACEY, DIANNE  STREET ADDRESS  23123 STATE RD.7 #250  BOCA RATON FL  2 4CITY-SIZEP  BOCA RATON FL  2 4CITY-SIZEP  BOCA RATON FL  3 3 STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  SPOTSWOOD NJ 08884  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  GATTHERSBURG MD 20879  44CITY-SIZEP  STREET ADDRESS  STREET ADDRESS  GATTHERSBURG MD 20879  44CITY-SIZEP  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-SIZEP  STREET ADDRESS  GATTHERSBURG MD 20879  44CITY-SIZEP  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  GATTHERSBURG MD 20879  44CITY-SIZEP  STREET ADDRESS  STREET ADDRES		•					LJ	Griange	X Addition
DELETE   D   DELETE   21 TITUF   Change   Addition									
TITLE   D   DELETE   21 TITLE   Change   Addition						21208			
NAME STREET ADDRESS 23123 STATE RD.7 #250  BOCA RATON FL 2 100P-SI 2 10P-SI 2 10P-S			DELETE					Change	Addition
CITY-SI-ZIP BOCA RATON FL 2 4 CITY-SI-ZIP 3 THILE D Change Addition NAME SENSENEY, CHRIS 32 MAME STREET ADDRESS 262 SCOTT CT. 33 STREET ADDRESS CITY-SI-ZIP D DELETE 41 HILE Change Addition NAME JOSETTE, GEORGE 4 2 NAME STREET ADDRESS CITY-SI-ZIP GATTHERSBURG MD 20879 44 CHY-SI-ZIP TITLE D DELETE 51 THILE Change Addition NAME STREET ADDRESS CITY-SI-ZIP STREET ADDRESS CIT	NAME	MACEY, DIANNE		2 2 NAI	ME			v	-
ITILE D OBLETE 31 ITILE Change Addition NAME SENSENEY, CHRIS 32 NAME STREET ADDRESS 262 SCOTT CT. 33 STREET ADDRESS CITY-ST-ZIP SPOTSWOOD NJ 08884 34 CITY-ST-ZIP  ITILE D OBLETE 41 ITILE Change Addition NAME JOSETTE, GEORGE 47 WINDBROOK CIR. 43 STREET ADDRESS CITY-ST-ZIP GAITHERSBURG MD 20879 44 CITY-ST-ZIP  ITILE OBLETE 51 ITILE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP  ITILE OBLETE 51 ITILE CHANGE STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP  ITILE OBLETE 61 ITILE CHANGE STREET ADDRESS CITY-ST-ZIP 61 TILE CHANGE STREET ADDRESS CITY-ST-ZIP 61 TILE CHANGE STREET ADDRESS CITY-ST-ZIP 61 CHANGE STREET ADDRESS CITY-ST-ZIP 61 TILE CHANGE	STREET ADDRESS	23123 STATE RD.7 #250		23 STF	EFT ADDRESS				
ITILE D OBLETE 31 ITILE Change Addition NAME SENSENEY, CHRIS 32 NAME STREET ADDRESS 262 SCOTT CT. 33 STREET ADDRESS CITY-ST-ZIP SPOTSWOOD NJ 08884 34 CITY-ST-ZIP  ITILE D OBLETE 41 ITILE Change Addition NAME JOSETTE, GEORGE 47 WINDBROOK CIR. 43 STREET ADDRESS CITY-ST-ZIP GAITHERSBURG MD 20879 44 CITY-ST-ZIP  ITILE OBLETE 51 ITILE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP  ITILE OBLETE 51 ITILE CHANGE STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP  ITILE OBLETE 61 ITILE CHANGE STREET ADDRESS CITY-ST-ZIP 61 TILE CHANGE STREET ADDRESS CITY-ST-ZIP 61 TILE CHANGE STREET ADDRESS CITY-ST-ZIP 61 CHANGE STREET ADDRESS CITY-ST-ZIP 61 TILE CHANGE	CITY-ST-ZIP	BOCA RATON FL		2 4 CITY - ST (ZIP)		33428			
STREET ADDRESS CITY-ST-ZIP SPOTSWOOD NJ 08884 34 CITY-ST-ZIP  TITLE D	TITLE	•	DETELE	3 1 1110	F			Change	Addition
SPOTSWOOD NJ 08884  IIILE  D  DELEIE  4 1 TITLE  D  STREET ADDRESS  47 WINDBROOK CIR.  GAITHERSBURG MD 20879  14 CUTY-ST-ZIP  IIILE  STREET ADDRESS  GITY-ST-ZIP  IIILE  STREET ADDRESS  GITY-ST-ZIP  IIILE  STREET ADDRESS  GITY-ST-ZIP  IIILE  G DELETE  STREET ADDRESS  GITY-ST-ZIP  IIILE  G DELETE  STREET ADDRESS  GITY-ST-ZIP  IIILE  G DELETE  STREET ADDRESS  GITY-ST-ZIP  IIILE  G Addition  Addit	NAME			3 2 NAM	ME				
ITILE D DELETE 41 TITLE Change Addition NAME JOSETTE, GEORGE 42 NAME STREET ADDRESS 47 WINDBROOK CIR. 43 STREET ADDRESS CITY - ST - ZIP  TITLE DELETE 51 TITLE Change Addition NAME STREET ADDRESS CITY - ST - ZIP  TITLE DELETE 52 NAME STREET ADDRESS CITY - ST - ZIP  TITLE DELETE 66 TITLE 67 NAME STREET ADDRESS CITY - ST - ZIP  TITLE 67 NAME 68 NAME STREET ADDRESS CITY - ST - ZIP  TITLE 68 NAME 68 NAME STREET ADDRESS CITY - ST - ZIP  TITLE 68 NAME 68 NAME STREET ADDRESS CITY - ST - ZIP  THE GRANDE STREET ADDRESS CITY - ST - ZIP  THE GRANDE STREET ADDRESS CITY - ST - ZIP  THE GRANDE STREET ADDRESS CITY - ST - ZIP  THE GRANDE STREET ADDRESS CITY - ST - ZIP  THE GRANDE STREET ADDRESS CITY - ST - ZIP  THE GRANDE STREET ADDRESS CITY - ST - ZIP  THE GRANDE STREET ADDRESS CITY - ST - ZIP  THE GRANDE STREET ADDRESS	STREET ADDRESS	l .		33 STF	EFT ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-S							· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP		•	[_]DELETE					Change	Addition
GAITHERSBURG MD 20879  A 1 CITY-ST-ZIP  TITLE  TITLE  STREET ADDRESS  CITY-ST-ZIP  Addition  STREET ADDRESS  CITY-ST-ZIP  Addition  DELETE  S1 TITLE  S2 NAME  S3 STREET ADDRESS  CITY-ST-ZIP  S4 CITY-ST-ZIP  S1 TITLE  C1 TITLE  C2 NAME  STREET ADDRESS  CITY-ST-ZIP  Addition  AMME  STREET ADDRESS  CITY-ST-ZIP  Addition  Additi	i			1					
TITLE    DELETE   S   TITLE   Change   Addition									
NAME  STREET ADDRESS  CITY-ST-ZIP  S4 CITY-ST-ZIP  TITLE  DELETE  61 TITLE  62 NAME  STREET ADDRESS  CITY-ST-ZIP  63 STREET ADDRESS  CITY-ST-ZIP  64 CITY-ST-ZIP  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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this reroot as required by Chaptes 617. Florida Statutes, and that my name oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this reroot as required by Chaptes 617. Florida Statutes; and that my name		GAITHERODURG MU 20879	Delete					Chacas	- Addition
STREET ADDRESS CITY-ST-ZIP  54 CITY-ST-ZIP  54 CITY-ST-ZIP  54 CITY-ST-ZIP  61 TITLE  Change Addition  NAME  57 STREET ADDRESS CITY-ST-ZIP  63 STREET ADDRESS CITY-ST-ZIP  64 CITY-ST-ZIP  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 or is true and accurate and that my signature shall have the same legal effect as if made under coath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this reroot as required by Change 617. Florida Statutes: and that my pame							LJ	unange	Magagan
CITY-ST-ZIP  TITLE  DELETE  61 TITLE  62 NAME  63 STREET ADDRESS  CITY-ST-ZIP  64 CITY-ST-ZIP  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 suppliemental 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 corporation or the receiver or trustee empowered to execute this report as required by Chaptee 617. Florida Statutes: and that my pame									
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  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 certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes: and that my pame									
NAME  STREET ADDRESS  CITY-ST-ZIP  14. Ido 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 carb, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this renort as required by Chapter 617. Florida Statutes and that my pame			DELETE				П	Change	Addition
STREET ADDRESS  CITY-ST-ZIP  63 STREET ADDRESS  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my pame	NAME							3"	
CITY-ST-ZIP  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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes: and that my pages	STREET ADDRESS			1					
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 corporation or the receiver or trustee empowered to execute this renor as required by Chanter 61.7 Finding Statutes and that my name.				6.4 CIT	Y-ST-ZIP				
	oath; that	t the information indicated on this annu: I am an officer or director of the corpor	al report or supplemental ann ation or the receiver or truste	iual report is ie empowere	true and accur	rate and that my signature shall have the s	ama lagat affi	not an if	made under

SIGNATURE: SIGNATURE AND TYPES OR PAINTIED NAME OF SIGNING OFFICEN OR DIRECTOR

9/14/9W

407-457-7455 Daytinio Phone #