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PROFIT
CORPORATION
ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCU 1. Corporat	JMENT ion Name	# P1387	76	(8)									
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			2a. Mail	ino Address					04/01/1987 4. FE! Number		<u> </u>	19/1996 An	plied For
21	rs '			<u></u>					[] [] [] [] [] [] [] [] [] []			t Applicable	
Suite, Ap	ol #, etc.			e, Apt. #, etc.					5. Certificate of Status D	acirod		\$8.75	Additional
22			the contract of the company of the contract of						b. Certificate of Status Di	55116(1		Fee Re	quired
City & St		05040	t · · · · · ·	& State					6. Election Campaign Fir	-		\$5.00	•
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24		+··τ	h1		30	y			This corporation has to Florida Statutes		ntangible Yes [(すな.032,
	9, Name			l Agent	17.71			1	0. Name and Address o	I New Re	gistered /	Agent	
C/	ALLAHAN, J	ACK				81	Name						
						82	Street	Address	(P.O. Box Number is Not	Acceptab	le)		
TA	MPA FL 336	324							· · · · · · · · · · · · · · · · · · ·	·			
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						84	City				FL	85 Zip (Code
11. Pursua	of to the provis	sions of Sections 607	0502 and 607 15	08 Florida Stat	ites the a	hove	-named	corpora	tion submits this statemer	of for the r		changing it	s registered
office o	r registered a Lem familiar a	gent or both, in the S	State of Florida, Signature of Sec	uch change was	s authorize	d by	the con	poration	s board of directors. I her	eby accer	ot the app	ointment as	registered
SIGNATURE		an, with an organism of	angainars or, oca	,tion 007,0000, i	TOTICO SIA	10100	. .						
	Segret on type			···		d Age	int signature	e required v	hen reinstating)		DATE		
12.	т ====	OFFICERS	AND DIRECTOR		13.			· · · · · ·	ADDITIONS/CHANGES	TO OFFIC	ERS AND		
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

510 656 2340

FILED

Jan 23 1997 8:00am

Secretary of State

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