SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P92000003333 (1)

ANDREW SCREEN & SERVICE, INC	C .	
Principal Prace of Business	Mailing Address	
8753 SW 131 ST Miami Fl 33176 US	8753 SW 131 ST Miami FL 33176 US	



8753 SW 131 ST 8753 SW 131 ST MIAMI FL 33176 US US			Date Incorporated or Qualified 11/10/1992	3a. Dat		Last f				
	lace of Business	2a. Mailing Address	8831 e	taps w.	4. FEI Number	1 00,	-	A	pplied	
1		26 mium;	FL 331	76	65-0382451				lot App	
Suite, Apt	#, etc	Suite, Apt #, etc 27			5. Certificate of Status Desired				Additio Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution				May I	
Zip 4	Country 25	Ζ)p 29	Countr 30	у	This corporation has liability for in Fiorida Statutes	itangible t Yes			i 199 C)3?
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	istered A	gent			
	SSNER, WAYNE H		81	Name						
PLAZA 7000 SUITE 500 7000 SW 62ND AVE		82	82 Street Address (P.O. Box Number is Not Acceptable)							
	UTH MIAMI FL 33143		83					· · · · · · · · · · · · · · · · · · ·		
			84	City		FI	85	Zip	Code	
12. Title	Signature: typed or printed name of registered ag OFFICERS AN	ND DIRECTORS DELETE	13.	ont signature required	ADDITIONS/CHANGES TO OFFIC	ERS AND			RS IN 1	
12.	OFFICERS AN			,			DIRE	CTO	RS IN 1	12
	ALJAMAL, MAHER	[] DELETE				L	C	hange		Addition
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DITY-ST-ZIP	MIAMI FL			T ADDRESS						
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STREET ADDRESS			2.3 STREE	T ADDRESS						
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NAME STREET ADDRESS			6.2 NAME	4000440						
DITY-ST-ZIP			6.3.STREE 6.4.00 y							

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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME AS SIGNIFICER OF DIRECTOR

Maney Howard Dreselen

8/6/96 (305)256-6686