FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P9200005782 (7)

DOCUMENT #
1. Corporation Name

,	u I	n I	"	١Ħ	IN	EK	ა,	IN	U.

Principal Place of Business 0043-E-001 ON1141-890

Mailing Address



2. Montpole Piece of Husing Co. 2. Montpole Piece St. 1 Local Co. 2. Montpole Piece Piece St. 1 Local Co. 2. Montpole Piece	SUITE 1100 ORLANDO	•	3617 E COLONIAL DR S uite 1103 Orlando Pl 328 17		-	Date Incorporated or Qualified 11/09/1992	3a. Date of Last Report
Solito, April, if, disc. Solito, April, if, disc. Solito, April, if, d	$-11 \wedge \sim$	ace of Business	2a. Mailing Address	\(\frac{1}{2}\)	1.10	4. FEI Number	04/21/1995 Applied For
Secretary Secr	21 10CC	M. CYCOCCIC FIVE	26 1000 1.	Xanor	#YY((59-3149652	Not Applicable
Added to Fees 283 A CALL 28 CALL 29 C	Suite, Apt. 4	#, etc.		<u> </u>		5. Certificate of Status Desired	
9. Name and Address of Cyrrent Registered Agent 20	23 Offy Shite	ando, FL	28 Wardo	IFL			
ZUCKERMAN, GREGG I -8617 E COLONIAL DR SUITE 1100 ORLANDO FL 32817 11. Pursue the thoraxions of Sectors 607 0502 and 007.1508, florida Statutes the above harmed corporation all minks this statement for the purpose of clamping his registered great. Corporation and properties of the purpose of clamping the registered great. Lam corporation and properties of the purpose of clamping was authorized by the comprendition because the cultural form of the purpose of the pur	24 B28	04 25 Orange				Florida Statutes [] Yes	الأل
ZUCKERMAN, GREGG I -8617 - COLONIAT DR SUFFE HOD ORLANDO FL 32817 11. Pursuent to the provisions of Sections CO7 0502 and CO7.1508, florida Statutes, the above harmed corporation authinis this statement for the purpose of changing its registered affice or registered years, or both, in the State of Florids Statutes, the above harmed corporation authinis this statement for the purpose of changing its registered affice or registered years, or both, in the State of Florids Statutes, the above harmed corporation is beginned for the purpose of changing its registered affice or registered years, or both, in the State of Florids Statutes, the above harmed corporation authinis this statement for the purpose of changing its registered affice or registered years, or both, in the State of Florids Statutes. SIGNATURE SIGNATURE SUCKERMAN, GREGG I BAT P COLONIAL DR SUFFE HI00- DILETE JUCKERMAN, GREGG I BAT F COLONIAL DR SUFFE HI00- DILETE JURIS JURI ADDITIONS/CHANGES TO OFFICE RS AND DIRECTORS IN 12 TITLE NAME SISTER ADDITIONS/CHANGES TO OFFICE RS AND DIRECTORS IN 12 ZHANG 13 SIRET ADDITIONS/CHANGES TO OFFICE RS AND DIRECTORS IN 12 TITLE ST MCGEC, THOMAS J BAT F COLONIAL DR SUFFE HI00- ORLANDO FL 32817- DELETE JURIS JURI ADDITIONS/CHANGES TO OFFICE RS AND DIRECTORS IN 12 ZHANG 13 SIRET ADDITIONS/CHANGES TO OFFICE RS AND DIRECTORS IN 12 ZHANG 13 SIRET ADDITIONS/CHANGES TO OFFICE RS AND DIRECTORS IN 12 TITLE MCGEC, THOMAS J BAT F COLONIAL DR SUFFE HI00- ORLANDO FL 32817- DELETE JURI D		9. Name and Address of Corrent	Registered Agent	R1 Nano	<u>.</u>	10. Name and Address of New R	egiètered Agent
Delete Street Address City-St-2P	8617 E SUITE -	-Coloniae dr 110 0		82 Street			VC∩UC
Delete Street Address City-St-2P	11. Pursuant to	the provisions of Sections 607.0502	and 607,1508. Florida Statutes.	the above named co	Drugratio	n submits this statement for the pur	riose of changing its registered office
SIGNATURE Signator of the process of	or registere familiar with	ed agent, or both, in the State of Florida	Such change was authorized	by the corporation's	board	directors. Thereby accept the appoint	ointment as registered agent. Lam
DELETE D	SIGNATURE	CITTOD L. ZI	ICKUY MUN	theer.		al	<u> 3</u> 22/94
DELETE DELETE 1.111112 DELETE 1.111112 DELETE	12.		DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
13 STREET ADDRESS	TITLE	, -	□ DEFELE	1. 1 TIFLE			
OFFICE O	NAME			1.2 NAME			1 ^
Change Addition	STREET ADDRESS		-1100 -	1.3 STREET ADDRESS	NOC.	on, Orange	Avenue
NAME NCGEE, THOMAS J 8617 E COLONIAL DR SUITE 1100 23 STREET ADDRESS 24 CHY: S1-71P Change Addition	CITY - ST - ZIP			14 CITY - ST - 7IP	O_{V}	lando, FL 132	X804
STREET ADDRESS COLY - ST - ZIP	TITLE		☐ DELETE	2 1 JULE		\	🗶 Change 🔲 Addition
OFFICE O	NAME	•		2 2 NAME	۸		, ``
	STREET ADDRESS		1100	23 STREET ADDRESS	100	DYOUNG	i Avenue
NAME STREET ADDRESS C-TY-ST-7P 34 CHY ST-7P 34 CHY ST-7P 10 DELFTE 4 1 TILE NAME 42 NAME 42 NAME 43 STREET ADDRESS CHY-ST-7P 10 DELFTE 4 4 CHY-ST-7P 10 DELFTE 5 1 TILE NAME 57 NAME 57 NAME 57 NAME 57 NAME 58 STREET ADDRESS CHY-ST-7P 10 DELETE 5 3 STREET ADDRESS CHY-ST-7P 10 DELETE 5 4 CHY-ST-7P 10 DELETE 6 1 TILE 10 DELETE 6 3 STREET ADDRESS CHY-ST-7P 6 4 CHY-ST-7P 6 4 CHY-ST-7P	CITY-ST-ZIP	ORLANDO FL-32817~		2 4 CHY- ST- ZIP	\mathcal{O}	lando, FU ²	32804
STREET ADDRESS 33 STREET ADDRESS 34 CHY ST-ZIP	TITL€		☐ DELETE	3 1 TITLE	_	•	Change Addition
C:TY-ST-7P	1			3 2 NAME			
DELETE	STREFT ADDRESS			3.3 STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TILLE DELETE 5 : TIPLE Change Addition STREET ADDRESS CITY-ST-ZIP TILLE DELETE 6 1 TILLE NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP	C:TY-ST-ZIP						
STREET ADDRESS 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP			☐ DETEM	1			Change Addition
CHY-SI-ZIP							
DELETE DELETE Change Addition							
NAME			The str				
STREET ADDRESS		•	☐ ĐĒLEIF				Change Addition
CHY-SI-ZIP							
TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STHEEF ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIF				l i			
NAME 6.2 NAME STHEEF ADDRESS 6.3 STREEF ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIF			□ DELETE				
STHEEF ADDRESS 63 STREET ADDRESS 63 CHY-ST-ZIP 64 CHY-ST-ZIF	i		L DELETE				☐ Change ☐ Addition
CITY-S*-ZIP 64 CITY-SI-ZIE	- 1		·				
	1						
		codify that the information or	the field of those to send out of the field of	64 CITY ST-ZIF			

certify that the information indicated on this annual report or supplemental arnual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

NAME OF SIGNING OFFICER OR DIRECTOR