FILE NOW: FILING FEE AFTER MAY 1 IS \$225.D	FILE NOW-	FILING FEE	<b>AFTER</b>	MAY '	1 IS	\$225	Q.
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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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DOCUM	ENT # P92000008	944 (0)			
	ENTERPRISES, I	NC.			
				_	
Principal Place o	of Business	Mailing Address			
	OUTH DIXIE HWY.	3325 GRIFFIN	ROAD		
HOLLYWO	OOD, FLORIDA	SUITE # 119	DY OD TA	3. Date incorporated or Qualified 3	ta. Date of Last Report
	33020	FT.LAUDERDALE		12/03/1992	04/26/1995
បន		US	33312	4. FEI Number	Applied For
2. Principal Plac		28. Mailing Address	2010	65-0389046	Not Applicable
	UTH DIXIE HIGHWAY	26 3325 GRIFFIN I Suite, Apt #, etc	ROAD		\$8.75 Additional
Suite Apt #.	etc	27 SUITE # 119		5. Certificate of Status Desired	<b>XX</b> Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
	OD, FLORIDA	28 FT. LAUDERDAL	E, FLORIDA	Trust Fund Contribution	Added to Fees
Z <sub>10</sub>	Country	Zıp	Country	This corporation has liability for in Florida Statutes     XX Yes	tangible tax under s 199 032.
24 33020	25 BROWARD	29 33312 30	BROWARD	Florida Statutes XX Yes  10. Name and Address of New Reg	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of November	
WYMAN.	MARC L.		1   1   1   1   1   1   1   1   1   1	N/A	
1524 S	OUTH DIXIE HIGHW	VAY	82 Street Add	ress (P.O. Box Number is Not Acceptabl	e)
MAT'TOR	OOD, FLORIDA 33	3020	83		
HODDI	002, 2200		[65]		To Code
<b>1</b>			B4 City		FL 85 Zip Code
<u> </u>			the above-paged COS	poration submits this statement for the pation's board of directors. I hereby accep	
11. Pursuant to	The provisions of Sections 607.050.	2 and 607.1508, Florida Statutes of Florida. Such change was aut	norized by the corpora	poration submits this statement for the partion's board of directors. I hereby accep	t the appointment as registered
agent. I an	g stered agent, or both, in the State n familiar with, and accept the obliga	ations of, Section 607,0505, Florid	da Statutes		
SIGNATURE _		(NOTE 1	Begistered Agent's gratum requ	ared when reinslating)	DA1E
	Signar ire Typed or printed name of registered age OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
12.		DELETE	1 1 TiTUE		Change [_] Addition
NAME	PST		1.2 NAME		
STREET ADDRESS	WYMAN, MARC L.	<b></b>	13 STREET ADDRESS		
CITY-ST ZIP	5320 SW 28th T		14 CITY - ST - ZIP		Change Addition
TITLE	FT. LAUDERDALE		2 1 TUSUF		
NAME		33312	2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST ZIP			2.4 CITY - ST. ZIP		Change: Addition
TIFLE		DELETE	3 1 TITLE		—a, E— -
NAME			3 2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
City -ST - ZIP			3.4 CITY - ST. ZIP		Change Adoction
TITLE		DELETE	4 I TITLE	<b>1 0000177</b> -04/12/96010	<u> </u>
NAME			4 2 NAME	-04/12/96010	38003
STREET ADDRESS			4.3 STREET ADDRESS	***208.7S	
CITY - ST - ZIP			5 1 HTLE		Change Addition
TITLE		[ ] nere it	5 2 NAMI		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS	<b>\</b>		5.4 CITY - ST - ZIP		
CITY ST-ZIP		DELETE	6 1 TITLE		Change Addition
TITLE		precie	6.2 NAME		>2
NAME			01.0000		4.12

14. It 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 1 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 607, Florida Statutes, and that my name appears in Block 13 if planged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAMEOF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS