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

 Corporation 		200010641 (5, INC.	(8)				
Principal Place of Business 2607 NW 104TH AVE #304 SUNRISE FL 33322		Mailing Address 2607 NW 104TH AVE #304 SUNRISE FL 33322					
					3. Date incorporated or Qualified 12/07/1992	3a. Date	04/18/1995
2. Principal Place of Business 2a. Mailing Ad			ess		4. FEI Number Applied Fo		Applied For Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.	₁				\$8.75 Additional Fee Required
City & State 23		City & State		6. Election Campaign Financing Trust Fund Contribution	[]	\$5.00 May Be Added to Fees	
Zip Country 24 25		Ζφ 29	30		This corporation has fiability for intangible tax under s 199.032, Florida Statutes		
	9. Name and Address of Cu	irrent Registered Agent		Name	10. Name and Address of New	Registered A	igent
DEUTSCH, MINNIE 2607 NW 104TH AVE #304 SUNRISE FL 33322				1			
			82	Street Add	et Address (P.O. Box Number is Not Acceptable)		
			83	1	···· / / · · · · · · · · · · · · · · ·		
			84	City			85 Zip Code
11. Pursuant to	o the provisions of Sections 607.(0502 and 607.1508, Florida Statu	ites, the above	named corpo	oration submits this statement for the pu and of directors. Thereby accept the app	FL rpose of char	nging its registered office
taitiliar wit	h, and accept the obligations of,	Section 607.0505, Florida Statute	is.	ooration's too	aro or directors. Thereby accept the app	ontment as i	egistered agent. I am
SIGNATURE _	Signature, typen or printed name of registered	agest and the Papplicage (N	80°E Bejistera LÂge	nt signative feati	te J.W. sai to as' pag'	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		DIRECTORS IN 12
THLE	DEUTSCH, MINNIE		1 1 TITLE				Change Addition
NAME	2607 NW 104TH AVE #	Πά	1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS	SUNRISE FL	001					
CHY-ST-ZIP TITLE	- D	VEN DELETE	14 CI*Y-	SI-ZIP			7.0
NAME	- BLEIMANN, JEANNE V	_ DELETE	2 1 11TLF 22 NAME			L	Change Maddition
STHEET ADDRESS	-2427 DRESIDENTIAL WAY 4704			LADDRESS			
CITY-ST-ZIP	- WEST PALM BEACH FL	: 3340 11	24 C-TY -				
TITLE	·	DELETE	3 1 THE				Change Addition
NAME			3.2 NAME				
STREET ADDRESS			33 STAFE	T ADDRESS			
CITY-S*-ZIP		w v	3.4 C+TY -	ST-ZIP			
TITLE		DELETE	4. 1 THTUE				Change Addition
NAME	•		4.2 NAME				
STREET ADDRESS			4.3.\$1REE	LADDRESS			
CITY-ST-7IP		C Driet	4.4 Cily-	S1-7#			
TITLE		☐ DELETE	5 1 7111.6				Change Addition
NAME evecut annocce			5.2 NAME	LABORGO			
STREET ACCRESS				I ADDRESS			
CITY-ST-ZIF TITLE		DELETE	5 4 CiTY - 6 1 Till LE	S1-7IF			Change FT Addition
NAME		F 'J PETETE	62 NAME			L	Change [] Addition
STREET ADDRESS				T ADDRESS			
CHTY - ST - ZIP			64 CHY -				
	certify that the information suppl	and with this files is yet retarily for		ar zir	45. 40. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	0.603.03.51-	

I do nereby certify that the information supplied with this filling 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 early an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chaptur 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

OFFICER OR DIRECTOR SIGNATURE: X SIGNATURE AND TYPE

954-746-8745