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

DOCUMENT #

P02000014022 (A)

| 1. Corporation | name | 00014920 | (0) | | | | | |
|--|--|---|--|------------------------------|--|--|----------------------------------|---------------------------------|
| Principal Place | of Business | Mailing Address | alamatan and the complete of t | | - | | | |
| 8061 SOUTH GATE BLVD.# F9 8061 SOUTH GATE BLV N. LAUDERDALE FL 33068 N. LAUDERDALE FL 3306 | | | | | | | | |
| | | | | | 3. Date Incorporated or Qual 12/30/1992 | fied 3a. Da | ate of Last Re | |
| 2. Principal Place of Business 2s. Mailing A | | | ddress | | 4. FET Number | | | opplied For |
| n] | | 26 | 6 | | 65-0376211 | | | lot Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desire | d [] | · · · · · · | Additional |
| City & State | | City & State | | | Fee Required 6. Election Campaign Financing \$5.00 May Be | | | |
| 23 | | 28 | | | Trust Fund Contribution Added to Fees | | | |
| Zip | Country | Zip | Country | | 8. This corporation has liability for intangible tax under s 199.032, | | | |
| 24 | 25 | 29 | 30 | | | Yes No | | |
| | 9. Name and Address of Curren | nt Registered Agent | 81 | Name | 10. Name and Address of N | ew Registere | d Agent | |
| | | | | | | | | |
| STILL, TRISTAN C 8061 SOUTH GATE BLVD.,# 1-9 | | | 82 Street Add | | ss (P.O. Box Number is Not Acc | eptable) | | |
| 8061 SOUTH GATE BEVD.,# 1-9 N. LAUDERDALE FL 33068 | | | 83 | | | | | |
| N. LAU | DERDALE PL 33000 | | | | | | | |
| | | | 84 | City | | F | L 85 Zig | Code |
| 11. Pursuant to or registere familiar wit | o the provisions of Sections 607.050; ed agent, or both, in the State of Flor Ih, and accept the obligations of, Sec | 2 and 607.1508, Florida Stat rida. Such change was autho ction 607.0505, Florida Statut | utes, the above-na rized by the corpor tes. | med corpora ation's board | tion submits this statement for the form of the form o | ie purpose of c appointment | changing its re as registered | egistered office agent. I am |
| SIGNATURE _ | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| 12. | Signature, typed or printed name of registered ager OFFICERS AN | nt and title if applicable ND DIRECTORS | NOTE: Registered Agent's | signature required | ADDITIONS/CHANGES TO | DATE OFFICERS AN | ND DIRECTO | BS IN 12 |
| TITLE | PVST | ☐ DELETE | | | مس و د | | Change | Add tion |
| NAME | STILL, TRISTAN C | | 1.2 NAME | . j | TILL, TRISTANL | | | |
| STREET ADDRESS | 3017 NW 68TH ST | | 1.3 STREET AL | DORESS 🐉 | cht southgate Buil | 11-4 | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 3330 | 9 | 1.4 CITY - ST - | ZIP AL, | THE TRISTAND CON Santy Sent . however proses, FL | 33618 | | |
| THILE | D | DELETE | 2 1 TITLE | | , | | Change | Addition |
| NAME | STILL, TRISTAN C | | 2.2 NAME | | | | | |
| STREET ADDRESS | | | 23 STREET A | 1 | | | | |
| CITY+ST-ZIP TITLE | FT. LAUDERDALE FL 33309 | | 24 CITY-ST- 3-1 TITLE | · Wr | | | Change | Addition |
| NAME | | | 3.2 NAME | | | | v | |
| STREET ADDRESS | | | 3.3. STREET A | ADDRESS | | | | |
| CITY - ST - ZIP | | | 3.4 CHTY - ST - | ŻIP | | | | |
| TITLE | | DELETE | 4. 1 111LE | | | | Change | Addition |
| NAME | | | 4.2 NAME | | | | | |
| STREET ADDRESS | | | 4.3 STREE1 A | | | | | |
| CITY-ST-ZIP | | [7] DELETE | 4.4 CITY - S1 - | - 21P | | | Channe | Addition |
| TITLE | | DELETE | 5 1 TIFLE | | | | Change | TT Magnight |
| NAME STREET ADDRESS | | | 5.2 NAME 5.3 STREET A | DDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY - ST- | - 1 | | | | |
| Trite | | ☐ DELETE | 6. 1 TITLE | | | The state of the s | Change | Addition |
| NAME | | | 62 NAME | | | | | |
| STREET ADDRESS | | | 63 STREET A | DDRES\$ | | | | |
| CITY-ST-ZIP | | | 64 CiTY - ST- | - ZIP | | | E | |

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 arrival 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRISTAN.C. STILL 4/28/96 (254) 72 -3317