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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	996	DIV	ISION OF COR	PORATIO	NS .			
DOCUM 1. Corporation N	IENT # P9 3	800000298	32 (5)				<u> </u>	
		Black Adding				-	,)), 0,000 0,000 0,000 0,000 0,00	
Principal Place of Business Maling Address								
	antic BLVD. Beach FL 33062		2665 E. ATLANTIC BLVD. POMPANO BEACH FL 33062					
FOMP AND U	LHOIT L WWE	• •				3. Date incorporated or Qualified 01/13/1993	3a, Date of Last Re 10/31/1	
2. Principal Plac	ce of Business	2a, Mailing Ad	2a. Mailing Address			4. FET Number	<u> </u>	Applied For
21		26	<u>├</u>			65-0375904		Not Applicable
Suite, Apt. #,	etc.	<u>├</u> -¬	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
22		27				• Flanker Committee Engaging		
City & State		Orty & Sta	ile:			6. Election Campaign Financing Trust Fund Contribution		May Be
Z ip	Country	Zip		Country		8. This corporation has liability for		
24	25 29		30	30		Florida Statutes 🔲 Yes 🗌 No		
	g. Name and Address of (Current Registered Age	nt		r	10. Name and Address of New F	legistered Agent	
				81	Name			
	QUIST, MARK			82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
	POST GARDENS WAY AP	T. 3 07		83				
BOCA	RATON FL 33433							
				84	City		Fi 85 Z	ip Code
or registere familiar with	id agent, or both, in the State on, and accept the obligations of	of Florida: Such change v f, Section 607.0505, Flor	ias authorized b da Stalutes.	y the cort	opranon s dod	ration submits this statement for the purif of directors. I hereby accept the app	rpose of changing its i pointment as registered	registered onice diagent Lam
	Signature, typed or printed name of source OFFICE	RS AND DIRECTORS	glad of the	13.	nt sajnar are resput	ADDITIONS/CHANGES TO OF		ORS IN 12
12.	PTD		DELETE	1 1 II'LF			☐ Change	
NAME	ROSENQUIST, MARK			1.2 NAME				
STREET ADDRESS	23090 POST GARDER			1.3 STREE	LADORESS			
CITY-ST-ZIP	BOCA RATON FL 334	133		14 OITY -	S1 - ZIP			
TITLE			DELETE	2 1 TiTLE			Change	Addition
NAME				2.2 NAME				
STREET ADDRESS					T ADDRESS			
CITY - ST - ZIP			DELETE	2.4 CITY - 3.1 TITLE			Change	Addition
TITLE		Ц	DECEN	3 2 NAME	ľ		<u> </u>	
NAME					ET ADORESS			
STREET ADDRESS				340111				
CITY-ST-ZIP TITLE			DELETE	4 1 ToTLE			Change	Addition
NAME				4.2 NAME				
STREET ADDRESS				4.3 STREE	T ACORESS			
CITY-ST-ZIP	A48.137.00			4.4 CHY -			Channa Channa	Adding
TITLE			DELETE	5 1 11111			☐ Change	e [] Addition
NAME				5.2 NAME	i			
STREET ADDRESS					CL ADDRESS			
CHY-ST-ZIP			DELETÉ	5 4 CHY - 6 1 THUS	——————————————————————————————————————		☐ Change	Addition
TITLE		L	020.2.12	6.2 NAME				
NAME PROCESS AGRICAGE					ET ADDRESS			

6.4 C+1Y - ST - ZIF

STREET ADDRESS

CITY-ST-ZiP

14. If of hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify certify that the information indicated on this annual report or supplemental annual report is true and account; that I am an officer or director of the corporation or the receiver or trustee empowered to exappears in Block 12 or Block 13 if changed, or on an attachment with an address.

exemption stated in Section 119.07(3)(k), Filorida Statutes. I further to that my signature shall have the same legal effect as if made under uport as required by Chapter 607, Florida Statutes, and that my name

4-30-96 305-442-082

CR2E034 (12/95)