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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

1996

|  | MENT #   | P93000  | <u> </u>  | 70 /5  | <i>(</i>  |   |  |   |  |  |
|--|--|---|---|--|---|---|--|---|--|--|
| L. Corporation   | Name   | 1 0000  | 00070   | 19 (0  | "   |   |  |   |  |  |
| Principal Place  | and Provinces  | ·   | <b>14</b> -4 - A-1  | d  |   |   |  |   |  |  |
|  |  |   | Mailing Add   |  |   |   |  | •••••   | •      | ** ************************************                |
| 5050 CHAMP<br>#B4  | TION BLVD  |   | 5030 CH<br>#B4  | AMPION BLVI                                    | D   |   |  |   |  |  |
| BOCA RATO  | N FL 33496   |   | BOCA R  | ATON FL 334                                    | 196   |   | Date Incorporated or Qualifie  | d lan Day   | e of Last R                                  |  |
|  |  |   | US  |  |   |   | 01/25/1993   |   | 9 of Last A<br>14/03/19                      |  |
| Principal Pla  | ace of Business  |   | 2a. Mailing   | Address  |   |   | 4. FEI Number  |   |  | Applied For  |
| Suite, Apt. i  | h plo  |   | 26  |  |   |   | 65-0391577   |   |  | Not Applicabl  |
| Sene ., 1 470. 1   | , 0.0.   |   | 27  | pt. #, etc.                                    |   |   | 5. Certificate of Status Desired   |   |  | Additional<br>Required                                 |
| City & State   | 3  |   | City & S  | State  |   | ··· · · · · · · · · · · · · · · · · ·   | 6. Election Campaign Financing   | <del></del>   |  | May Be   |
|  |  |   | 28  |  |   | · · · · · · · · · · · · · · · · · · ·   | Trust Fund Contribution  |   |  | d to Fees  |
| Zipi   | 25   | untry   | 29 30   |  | Countr<br>30  | у   | 8. This corporation has liability for intangible tax under s 199.032 Florida Statutes Yes No |   |  | 199.032,   |
|  | 9. Name and Ac   | Idress of Current   | Registered Ag   | ent  | 81  | Name  | 10. Name and Address of Nev  | w Registered  | Agent  |  |
| TIPFUN, SARAH  |  |   |   |  | 82  | Street Ado  | dress (P.O. Box Number is Not Accept   | dablo)  |  |  |
| 5030 CHAMPION BLVD #B4   |  |   |   |  |   |   | press (F.O. Box Number is Not Acceptable)  |   |  |  |
| BOCA F   | RATON FL 33496   |   |   |  | 63  |   |  |   |  |  |
|  |  |   |   |  | 84  | City  |  |   | 85 Zi  | p Code   |
|  |  |   |   |  |   | 1   |  | FL  | -  |  |
|  | o the provisions of S<br>ed agent, or both, in<br>h. and accept the ot | ections 607.0502 a<br>the State of Florida<br>oligations of, Sectio                         | and 607.1508, F<br>a. Such change<br>on 607.0505, Fic   | lorida Statut<br>was authoriz<br>rida Statutes | es, the above-<br>ed by the corp<br>s.  | 1   | oration submits this statement for the ard of directors. I hereby accept the a               | purpose of charppointment as                            | anging its registered                        | egistered offic<br>agent. I am                         |
| GNATURE _  | o the provisions of Sed agent, or both, in h. and accept the of        |   |   |  |   | named corpo<br>poration's boa   | oration submits this statement for the and of directors. I hereby accept the a               | purpose of chappointment as                             | anging its r<br>registered                   | egistered offic<br>agent. I am                         |
| SNATURE _  | Signature, typed or printed n  |   | nd title d'applicable<br>DIRECTORS  | (NO  | DTE: Registered Agr   | named corporation's boa   |  | purpose of chi<br>ippointment as                        |  | <del></del>  |
| GNATURE<br>2.  | Signature, typed or printers of  | one of registered agent as<br>OFFICERS AND  | nd title d'applicable<br>DIRECTORS  |  | 13,   | named corpo<br>poration's boa<br>nt signature require   | ed when reinstating)   | purpose of chappointment as<br>DATE<br>DEFICERS AND     |  |  |
| GNATURE<br>2.<br>LF  | PD TIPFUN, SARA  | ame of registered agent ar<br>OFFICERS AND  | nd title d'applicable<br>DIRECTORS  | (NO  | 13.<br>1.1 TITLE  | named corporation's boa   | ed when reinstating)   | purpose of chappointment as<br>DATE<br>DEFICERS AND     | ) DIRECTO                                    | RS IN 12   |
| SNATURE<br><br>VE<br>SELADORESS  | PD<br>TIPFUN, SARA<br>815 COTTON                                       | ame of registered agent ar<br>OFFICERS AND  | nd title of applicable DIRECTORS  | (NO  | 13. 1.1 Title 1.2 NAME 1.3 STREE  | named corporation's boo   | ed when reinstating)   | purpose of chappointment as<br>DATE<br>DEFICERS AND     | ) DIRECTO                                    | RS IN 12   |
| GNATURE  | PD TIPFUN, SARA 815 COTTON WEST PALM E                                 | OFFICERS AND  WH BAY APT 907  BEACH FL 33405  | d fits of applicable DIRE.CTORS   | INC<br>  DELETE                                | 13.<br>1.1 TITLE  | named corporation's boo   | ed when reinstating)   | purpose of ch<br>ppointment as<br>DATE<br>DEFICERS AND  | ) DIRECTO                                    | RS IN 12   |
| GNATURE  | PD TIPFUN, SARA 815 COTTON WEST PALM E                                 | OFFICERS AND  WH BAY APT 907  BEACH FL 33405  | d fits of applicable DIRE.CTORS   | INC<br>  DELETE                                | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME   | named corporation's boo   | ed when reinstating)   | purpose of ch<br>ppointment as<br>DATE<br>DEFICERS AND  | DIRECTO                                      | ORS IN 12  |
| GNATURE _ t.  LE  WE SEELADORESS Y-ST-ZUE LE  ME ME HELLADORESS  | PD TIPFUN, SARA 815 COTTON WEST PALM E                                 | OFFICERS AND  WH BAY APT 907  BEACH FL 33405  | d fits of applicable DIRE.CTORS   | INC<br>  DELETE                                | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TILE 22 NAME 2.3 STREE   | named corporation's book nt signature require 1 ADDRESS 1 ADDRESS   | ed when reinstating)   | purpose of ch<br>ppointment as<br>DATE<br>DEFICERS AND  | DIRECTO                                      | ORS IN 12  |
| GNATURE _  2. LF MF  | PD TIPFUN, SARA 815 COTTON WEST PALM E P D TIPFUN (140 N)              | OFFICERS AND  WH BAY APT 907 BEACH FL 33405  V 22 AVE                                       | DIRECTORS  MA-  Delvoy  | DELETE  DELETE  Bea                            | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CHY- 2.1 THE 22 NAME 23 STREE 24 CHY-  | named corporation's bost nt signature require 1 ADDRESS S1-ZIP r ADDRESS S1-ZIP   | ed when reinstating)   | purpose of chi<br>ppointment as<br>DATE<br>DEFICERS AND | DIRECTO Change Change                        | PRS IN 12 Addition Addition                            |
| SNATURE  | PD TIPFUN, SARA 815 COTTON WEST PALM E P D TIPFUN (140 N)              | OFFICERS AND  WH BAY APT 907  BEACH FL 33405  | DIRECTORS  MA-  Delvoy  | INC<br>  DELETE                                | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TILE 22 NAME 2.3 STREE   | named corporation's bost nt signature require 1 ADDRESS S1-ZIP r ADDRESS S1-ZIP   | ed when reinstating)   | purpose of chi<br>ppointment as<br>DATE<br>DEFICERS AND | DIRECTO                                      | ORS IN 12  |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: