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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State DIVISION OF CORPORATIONS

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• • • • •	CORP, INC.				F 1801/401 (18 18/84 1/1/) 001/	1		
Dringing Diogo	od Davidsona							
Principal Place		Mailing Addres						
630 PALM I HALLANDAI	DRIVE Le fl <b>3300</b> 9	630 PALM HALLANDA	DRIVE Le fl 33009					
					3. Date incorporated or Qualific 02/01/1993		of Last Re 1/12/19	•
	ace of Business	2a. Mailing Add	dress		4. FEI Number	·	<u> </u>	Applied For
Suite, Apt. i	t ala	26	# sto		65-0383165			Not Applicable
22	r, 0to.	Suite, Apt.	#, etc.		5. Certificate of Status Desired			Additional Required
City & State	•	City & State	9		6. Election Campaign Financing Trust Fund Contribution	· 🖂		May Be d to Fees
Zip 24	Country 25	Ζιρ	Count	try	8. This corporation has liability f			
4		29 s of Current Registered Agen	30		Florida Statutes 10, Name and Address of Nev	res No	nont	
				31 Name	IO. Hame and Address of Net	riegistered A	Acis.	
FAHRE	R, JOHN L			<u> </u>	/0.0 D- N			
	ALM DRIVE		8	Street Add	iress (P.O. Box Number is Not Accep	table)		
	NDALE FL 33009		8	3			<del>.</del>	
			8	14 City			05 76	n Codo
						FL		Code
<ol> <li>Pursuant to or registere</li> </ol>	o the provisions of Section ed agent, or both, in the St	is 607.0502 and 607.1508, Flori	da Statutes, the above	named corpo	oration submits this statement for the ard of directors. Thereby accept the a	purpose of chang	ging its re	egistered office
familiar wit	h, and accept the obligation	one of Contrar COV OF OF The date					JUSTELETT	agent, ram
ICA TIMIDI WILL	and account the obligation	ons or, section 607.0505, France	a Statutes.	ryoration a boo	and of directors. The easy discopt the d	ysponition do re	9	Ü
CIONIATI IDE	_		a Statutes.					
SIGNATURE: _	Signature, typed or printed name of r	egistared agent and title if applicable	(NOTE Registered Ag		od what renstating:	DATE		
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SIGNATURE _	Signature typed or printed name of a OFF PST	egisterod agent and trite if applicable.	(NOTE Registered Ag	gent signaturic reques	od what renstating:	DATE OFFICERS AND C		
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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 all adment with an address.

SIGNATURE: \_√

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/21/96 305 8234