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 # P93000012257 (0)
1. Corporation Name

	-		
CNE	PHRIC	RELATIONS	INC

ON TODEIO NEENTONO INO										
Principal Place	of Business	Mailing Address								
7060 NW 47 PL LAUDERHILL FL 33319 US			7060 NW 47 PL LAUDERHILL FL 33319 US							
		US				Date Incorporated or Qualified		Date of Last Report 03/30/1995		
_	ace of Business	2a. Mailing Address					4. FEI Number 65-0388614			Applied For
21 Cuite Ant		26 Suite Aut & et					0370300014			Not Applicable
Suite, Apt.	и, etc.	Suite, Apt. #, etc					5. Certificate of Status Desired			Additional Required
City & State	3	City & State					6. Election Campaign Financing		\$5.0	May Be
23		28	-				Trust Fund Contribution			d to Fees
Zip 24	Country 25	Ζιρ 29	30 Cou	ntry			8. This corporation has liability for Florida Statutes			199.032,
2.7	9. Name and Address of Curre						10. Name and Address of New			
				81	Name					
	, NANCY C.			82	Street	Addre	ss (P.O. Box Number is Not Accepta	ble)	- 	
7080 NW 47 PL Lauderhill Fl 33319				83		·				
LAUDEN	INILL FL 33318									
				84	City			F	L 85 Zij	p Code
familiar wi	red agent, or both, in the State of Flor th, and accept the obligations of, Sec Sgrature spector protections of equipmentage	ction 607.0505, Florida Stat	ionzed by the cutes. 你可能 Raystered					CAT	_	agent. ram
12.		ND DIRECTORS	13.			· · · · · · ·	ADDITIONS/CHANGES TO OF	FICERS A		<u></u>
TITLE	PD FEELEN MANNON	☐ DELETE	1 1 1						☐ Change	Addition
NAME	FEELEY, NANCY 7060 N.W. 47TH PLACE		1 2 N/							
STREET ADDRESS	LAUDERHILL FL 33319				AODRESS					
CHTY-ST-ZIP TITLE	ENOBELII ILLE TE SOCIA	DELETE	14 CF 2 1 Ti		ST-ZIP				Change	☐ Addition
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CITY-ST-ZIP			1		ST - ZIP					
TITLE		DELETE	3 1 7			†			☐ Change	Addition
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TITLE		Delete	4 1 T	TLE		T.,			☐ Change	☐ Addition
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NAME			5 2 N	M£						
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CITY-ST-ZIF					5F-7IP	ļ			<u>-</u> -	
TITLE		☐ DELETE	6 † T	HE					Change	Addition Addition
NAME			6 2 N	ME						
STREET ADDRESS			6351	REET	223ACCIA					
CITY - ST - ZIP			6.4 Ct	1 Y - S	ST - ZIP	1				

14. If 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 annual 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 13 if changed, or on an attachment with an address.

SIGNATURE:

INATURE AND TYPED OF PRINTED NAME OF SERVING OFFICER OF DIRECTOR

april 22, 1986, 954-748-9550

CR2E034 (12/95)