OTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. E ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P93000013876 (6)

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	of Business	Mailing Address		i redisent me rende som dem dem dem dem de	10) (1000 HICO) IDIH 100FB BIII FBBI
480-1 HAMMO UITE 1	ONDVILLE RD.	2480-1 HAMMONDVILLE R SUITE 1	D.		
POMPANO BCH FL 33069 US		POMPANO BCH. FL 33069 US		3. Date Incorporated or Qualified 3a. Date of Last Report 02/17/1993 03/14/1995	
Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		65-0390818	Not Applicat
Suite, Apt. 1	f, etc.	Suite, Apt. #. etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
•		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intan	
	25		30		os 📗 No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registe	ered Agent
AXE	el, steve				
	0 N.W. 79TH AVE.	1660. N.W 7	Street Add	ress (P.O. Box Number is Not Acceptable)	
TAN	MARAC FL 33321	MAN TON	۹ ا		
			84 City		FL 85 Zip Code
Pursuant t	a the provisions of Sections 607.05	02 and 607 1508. Florida Statute:	s. The above-named cord	noration submits this statement for the purpo-	
office or re	egistered agent, or both, in the State	e of Fiorida, Such change was au	thorized by the corporati	oration submits this statement for the purpo- ion's board of directors. I hereby accept the	appointment as registered
	n familiar with, and accept the oblig	gations of, Section 607.0505, Flor	ida Statutes		
NATURE .	Signature, typed or printed name of registered ag	nent and their applicable (NOTE	Registered Agent signature requi	rred when reinstating) [0]	DAFE
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