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

| AN ELEGANT AFFAIR, IN | C. |
|---|---|
| Principal Place of Business | Mailing Address |
| 8637 SHERATON DRIVE Miramar Fl 33025 US | 8637 SHERATON DRIVE MIRAMAR FL 33025 US |

|--|

| US | | | US | | | | | | | |
|---------------------------|---|-------------------------------|------------------------|-----------------|-------------------|--|---|--------------------------------|--|----------------------------------|
| | | | | | | 3. Date Incorporated or Qualified 02/22/1993 | 1 | Date of Last Report 05/01/1995 | | |
| 2. Principal Pla | ace of Business | 2a. | Mailing Address | | | | 4. FEI Number | | <u>. </u> | Applied For |
| | N. W. 152 Lar | 1e 26 | 226 N. W. | 152 | | | | | | Not Applicable |
| Suite, Apt | #, e tc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | , | 5 Additional |
| 22 | | 27 | | | | · | 5. Certificate of Status Desired | | | Required |
| City & State City & State | | | , | | | | 6. Election Campaign Financing | <u></u> | \$5.0 | 0 May Be |
| 23 Pemb Ζιρ | roke Pines, I | FL 28 | Pembroke | | | ?L | Trust Fund Contribution | | | d to Fees |
| ²⁴ 3302 | ⊢ -¬ ′ | | Zφ | —ı | ountry | | 8. This corporation has liability for i | | ix under s | 199.032, |
| 24 3302 | 9. Name and Address of | | 33028 | 30 | USA | | | □No | | |
| | 9, 11-11-11-11-11-11-11-11-11-11-11-11-11- | - Content Hegis | icica Agent | | 81 N | ame | 10. Name and Address of New R | egistered | Agent | |
| TIDON | E, ROSINA | | | | | | | | | |
| | SHERATON DRIVE | | | | 82 S | reet Addre | ess (P.O. Box Number is Not Acceptab | le) | | |
| | IAR FL 33025 | | | | 83 | | | | | |
| MILLY | IAN IL 33023 | | | | 55 | | | | | |
| | | | | | 84 C | ty | | | 85 Zi | p Code |
| 11. Pursuant t | to the provisions of Sections 6 | 07 0502 and 60 | 7 1508 Ekvida Staluta | oc the at | I I | nd compre | ation submits this statement for the pur | <u> </u> | ل_ل | |
| | ed agent, or both, in the State thi and accept the obligations | | | | corpora! | ion's board | ation submits this statement for the pur d of directors. Thereby accept the appo | pose of the pintment as | registered | registered office Lagent, Lam |
| SIGNATURE | are accept the congularity | or, exection don. | 9000, Florida Statutes | | | | | | | |
| SIGNATURE . | Signal are typed or proteor and of regi- | Serve Lage to spile three fla | enparabir (Nr.) | ii. Heljster | at Agent sage | at we respond t | ether remediatings | DATE | | |
| 12. | | RS AND DIREC | TORS | 13. | | | ADDITIONS/CHANGES TO OFFI | | DIRECTO | PRS IN 12 |
| TITLE | PTD | | ☐ DELETE | 1.1 | HILE | | PTD | | K Change | ☐ Addition |
| NAME | TIRONE, JENNIFER | | | 121 | MAME | | MORGAN, JENNIFE | ro Or | | |
| STREET ADDRESS | 8637 SHERATON ST | reet | | 133 | STREET ADDI | RESS | 226 N. W. 152 L | ANE | | |
| CHTY - ST - ZIP | MIRAMAR FL 33023 | | | 14(| CITY - ST - ZIF | , | PEMBROKE PINES, | | 3302 | 8 |
| TITLE | VSD | | ☐ DELETE | 2.1 | H'tF | | VSD | * | C Change | Addition |
| NAME | MORGAN, CURTISS | | | 221 | 4AME | | MORGAN, CURTISS | | | |
| STREET ADDRESS | 7619 CORAL BLVD. | | | 2.35 | STREET ADDR | RESS | 226 N. W. 152 L | | | |
| CITY - ST - ZIP | MIRAMAR FL 33023 | | | 240 | CITY - ST - ZIF | | PEMBROKE PINES, | FL | 3302 | 8 |
| TYTLE | | | DELETE | 3 1 | TiTLE | | | Ĺ. | Change | Addition |
| NAME | | | | 321 | AME | | | | | |
| STREET ADDRESS | | | | 3.3 | STREET ADD | RESS | | | | |
| CITY - ST - ZIP | | | | 340 | OTY-ST-ZIE | | | | | |
| TITLE | | | DELETE | 4.1 | THLE | | | | Change | Addition |
| NAME | | | | 421 | IAME | | | | | |
| STREET ADDRESS | | | | 435 | TREET ADOR | KFSS | | | | |
| CITY - ST - ZIP | | | | 440 |) [Y + S1 + 7]P | | | | | |
| TITLE | | | DELETE | 5 1 | TIFLE | | | [| Change | Addition |
| NAME | | | | 5 2 N | IAME | 1 | | | | |
| STREET ADDRESS | | | | 5 3 5 | THEFT ADDR | ESS | | | | |
| CITY-ST-ZIP | | | | 5,40 | ITY-ST-ZIP | | | | | |
| TIFLE | | | DELETE | 6 I | HLE | | | Ċ | Change | ☐ Addition |
| NAME | | | | 6 2 N | AME | 1 | | | | |
| STREET ADDRESS | | | | 635 | TREET ADOR | IESS | | | | |
| CITY-ST-ZIP | | | | 640 | UTY - ST-ZIP | | | | | |

14. I 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 ariquid 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 12 or Block 13 in changed, or on an attachment with an address.

SIGNATURE:

LANGE OF PHINTED NAME OF SIGNING OF FIGST OR DIRECTOR

JENNAFER MORGAN, PRESIDENT