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

CORPORATION ANNUAL REPORT



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

1996

| DOCUN 1. Corporation | MENT # P93 Name . & ASSOCIATES, INC. | 00001884 | B (O) | | | |
|---|---|---|---|-----------------------------|--|---|
| G,0,3, | a associates, inc. | | | | | |
| Principal Place of | of Business | Mailing Address | | | | #### 8#### #### # #### ############### |
| 1972 SOUTHEAST 16TH STREET 1972 SOUT | | | ieast 16th Stre Seach Fl 330 62 | ET . | | |
| | | • | | | 3. Date Incorporated or Qualified 03/12/1993 | 1a. Date of Last Report 05/01/1995 |
| 2. Principal Place | ce of Business | 2a, Mailing Addr | Mailing Address | | 4. FEI Number 65-0412842 | Applied For Not Applicable |
| Suite, Apt. # | , etc. | Suite, Apt. # | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country Zip | | Country | | This corporation has liability for intangible tax under s 199.032, | |
| 24 | 25 | 29 | 30 | | Florida Statutes | |
| | g. Name and Address of C | urrent Registered Agent | | 81 Name | 10. Name and Address of New Regi | stered Agent |
| STRUTZ, SUSAN 6100 N FEDERAL HWY POMPANO BEACH FL | | | | 82 Street Addr | eet Address (P.O. Box Number is Not Acceptable) | |
| or registere familiar with | ed agent, or both, in the State of n, and accept the obligations of, | Florida, Such change was Section 607.0505, Florida | authorized by the |) corporation's boar | ation submits this statement for the purpos d of directors. I hereby accept the appoint | se of changing its registered office |
| SIGNATIONE | Signature, typed or printed name of registerer | | | ed Agent signature required | | DATE |
| 12. | | S AND DIRECTORS DEL | 13 | I. TILE | ADDITIONS/CHANGES TO OFFICE | Change Addition |
| TITLE | DPT STRUTZ, GUY | | | NAME | | |
| NAME OTREET ADDRESS | 1972 SOUTHEAST 16T | H CTDEET | | STREET ADDRESS | | |
| STREET ADDRESS | POMPANO BEACH FL | II SINCEI | | CITY-ST-ZIP | | |
| CITY-ST-ZIP TITLE | DVS | □ D£L | | 1 T TLE | | Change Addition |
| NAME | STRUTZ, SUSAN | | 2.2 | NAME | | |
| STREET ADDRESS | 1972 SOUTHEAST 16T | 'H STREET | 23 | STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH FL | | 2.4 | CITY-ST-ZIP | | |
| 111LF | | ☐ DEL | ETE 3 | 1 T TLE | | Change Addition |
| NAME | | | 32 | NAME | | İ |
| STREET ADDRESS | | | 33 | I. STREET ADDRESS | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | 5.0 |
| TITLE | | ☐ ĐEL | | 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | | NAME | | |
| STREET ADDRESS | | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | ☐ Change ☐ Addition |
| THLE | | ☐ DEL | i i | 1 TITLE | | Cl comité Cl récutor |
| NAME | | | | NAME | | |
| STREET ADDRESS | | | | STREET ADDRESS | | |
| C(TY-ST-ZIP | | ☐ DEI | | 1 TITLE | | Change Addition |
| TITLE | | ر_ الدر | | NAME | | |
| NAME CIDECT ADDRESS | | | | S STREET ADDRESS | | |
| STREET ADDRESS | | | | A C TY-ST-ZIP | | |
| 14. I do hereby | y certify that the information sup | plied with this filing is volun | tarily furnished an | id does not qualify f | or 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 12 or Block 13 if changed, or on an attachment with an address. St-HZ 4/23/96 SIGNATURE: