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

DOCUN 1. Corporation	MENT # P9300	00019029 (6	5)		
	ENSION SERVICES CORF	.			
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Principal Place		Mailing Address			40.2. Wie 1911 48118 11619 1611 1881
20660 WEST DIXIE HWY. NORTH MIAMI BEACH FL 33180		301 YAMATO ROAD STE 2100			
	DENOTITE SOLOD	BOCA RATON FL 3343	31		
		U\$		3. Date Incorporated or Guarfied 3 03/12/1993	Ba. Date of Last Report
2. Principal Plac	ce of Business	2a. Mailing Address		4, FEI Number	05/01/1995
21		26		65-0410783	Applied For Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
<u>Ζφ</u>	Country	28 Z(p)	Country	1rust Fund Contribution	Added to Fees
24]	25	29	30]	8. This corporation has liability for intal	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Regi	stered Agent
			81 Name		
LEVIN, M			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
2999 NE STE 905	191ST ST		ļ <u>.</u>		
	BEACH FL 33180		83		
14. MILAM	DEACHTE 33100		84 City		85 7 p Code
11. Pursuant to	the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the above named cor	poration submits this statement for the purpos	FL of changing its registered office
U registeret	d agent, or both, in the State of Flo , and accept the obligations of, Se	rida. Such channe was authonzi	ect for the corroration's b	poration seminits this statement for the purpos loard of directors. Thereby accept the appoint	nent as registered agent. I am
SIGNATURE.					
	g rature, typed or printed name of registered age		H: Registered Apart suprature rec		DATE
12.	PD OF IDERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
NAME:	KLOTZ, JAMES		12 NAME		Change 🔲 Addition
STREET ADDRESS	20660 W DIXIE HWY		1.3 STREET ADDRESS		8
CiTY-ST-ZIP	N MIAMI BEACH FL 33180		1.4 CITY - \$1 - ZIP		S AND DIRECTORS IN 12 Change Addition
TITLE	VSTD	DECETÉ	2 1701.6	CORRECTION	Change Addition
NAME	FERNSILVER, PAUL		2.2 NAME	FEINSILVER	
STREET ADDRESS	20660 W DIXIE HWY		2.3 STREET ADDRESS		
TITLE	N MIAMI BEACH FL 33180	Finalit	2 4 CITY - ST - 71P		
NAME		☐ DELETE	3 1 11/LF		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY - ST- 7IP			3.4 City - St - Zif		
TITLE		DELETE	4. 1 TILLE	7 · · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME			4.2 NAME		·
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4 4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 THTLE		Change Addition
NAME STREET ANODESS			5.2 NAME		
STREET ADDRESS CITY-ST-ZIP			5 3 STREET ADDRESS		
TITLE		DELETE	5.4.0(TY-ST-Z)P 6.1.1(TLE		Change Addition
NAME		<u> </u>	6 2 NAME		C outside C viduition
STREET ADDRESS			6 3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CHY-ST-ZIP		
14. I do hereby a	certify that the information supplied	with this filing is voluntarily furni	shed and does not qualif	y for the exemption stated in Section 119.07(3	I(k), Florida Statutes. I further

certify that the information indicated on this annual report of europermental 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 of the recover 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 any tachment with an address.

SIGNATURE: TED JAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 (305) 937-0660