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 | To wil | DIVISION OF | CORPORATIONS | | |
|--|---|---------------------|---|---|---|
| DOCUMENT 1. Corporation Name | | 0020052 (5 |) | | |
| V. J. FLOOD II | NG. | | |) K ar hi aa h kia dahan ahki aani aani | RANG BANG BROCK OMEN GANGE OLERG HERE SERVE |
| Principal Place of Busines | | Maiing Address | | | |
| 1299 SW 5 ST | | 1299 SW 5 ST | | | |
| BOCA RATON FL 33486 | | BOCA RATON FL 3348 | 5 | | |
| | | | | 3. Date incorporated or Qualified 03/17/1993 | 3a. Date of Last Report 05/01/1995 |
| Principal Place of Busi | iness | 2a. Mailing Address | | 4. fEl Number | Applied For |
| Suite, Apt. #, etc. | | 26 | | 65-0391614 | Not Applicabl |
| | | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | O ly & State | ······································ | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| - Ζ ₁ μ] | Country 25 | Zio 29 | Gountry 30 | 8. This corporation has liability for Florida Statutes | |
| 9. Nam | e and Address of Curre | | 1201 | 10. Name and Address of New F | |
| | | | 81 Name | | |
| FLOOD, VALENTINE J 1299 SW 5 ST | | | 82 Street Add | lress (P.O. Box Nurmber is Not Acceptat | le) |
| BOCA RATON FL 33486 | | | 83 | | |
| | | | 84 City | · | |
| | | | - ' | | FL 85 Zip Code |
| IGNATURE X VIOLE tyce | d or printed ramie of registrated again | | Fig. j sterod Agent signature regard | | 7/4/96. |
| u PD | 0.1102110711 | ☐ DECETE | 1 1 HILE | ADDITIONS/CHANGES TO OFF | CERS AND DIRECTORS IN 12 Change |
| | , valentine J | | 1.2 NAME | | C change C reamon |
| | W 5 ST | | 13 SIRECT ADDRESS | | |
| Y-\$1-28P BOCA | RATON FL 33486 | TOELFTE | 14 0HY-SU-ZIP 2-1 HH F | | |
| ME | | | 2 2 NAME | | Change Addition |
| HEFF ADDRESS | | | 2.3 STREET ADDRESS | | |
| Y-S1 710 | | | | | |
| LF | | | 2.4 City - ST-ZiP | | |
| Mr. | | DELETE | 3 1 DTLF | | Change Addition |
| | | ☐ DELETE | 3 1 DTLF 3 2 NAME | | Change Addition |
| REET ADORESS | | ☐ DELETE | 3 1 DTLF | | Change Addition |
| REEL ADDRESS Y-SL ZIP LE | | ☐ DEFELE | 3 1 DTLF 32 NAME 33 STREET ADDRESS | | Change Addition |
| REEL ADDRESS Y-SL ZIP LE ME | | | 3 1 DILF 32 NAME 33 STATET AUDRESS 34 C-TY - ST-ZIP 4 1 TILE 4.2 NAME | | |
| REEL ADDRESS Y-SL-ZIP LEFE ME ME MET ADDRESS | | | 3 1 DTLF 3 2 NAME 3 3 STAFET AUDRESS 3 4 C-TY - ST- ZIP 4 1 T-TLE 4.2 NAME 4.3 STREET AEIORESS | | |
| REEL ADDRESS Y-SL-ZIP IF | | | 3 1 DILF 32 NAME 33 STATET AUDRESS 34 C-TY - ST-ZIP 4 1 TILE 4.2 NAME | | Change Addition |
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Too hereby centry 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 it c 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 attendment with an address.

SIGNATURE: A Valle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

407-367-8566 Disjoint Phone #