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

PROFIT CORPORATION **ANNUAL REPORT**

1996



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

DOCUMENT #

P93000024693 (2)

Corporation XL-93 Principal Place	of Business	Mailing Address				
	IND STREET RINGS FL 33307	CORAL SPRINGS FL	***** \			
		·	Ψ	3. Date Incorporated or Qualified 03/31/1993	3a. Date of Last 05/01/	
2. Principal Pla	ace of Business	2a. Mailing Address	The season of the season	4. FEI Number 65-0452208		Applied For
Surte, Apt. #, etc.			LEMAN C. SWEET Attorney at Law	0070402206		Not Applicable
22			13 Plantation Ro.	5. Certificate of Status Desired	1 1 '	5 Additional Required
City & State						00 May Be
23		28	, , , , , , , , , , , , , , , , , , , ,	Trust Fund Contribution		ed to Fees
Z _i p	Country	<i>Σ</i> φ	Country	8. This corporation has liability for		s 199.032,
24	9. Name and Address of Curre	29 Apont Registered Apont	30	Florida Statutes Yes		
	J. Hamo and Addition of Carre		81 Name	10. Name and Address of New F	egistered Agent	
SWEET	T, COLLEMAN C					
	ANDREWS AVE		82 Street Addre	ss (P.O. Box Number is Not Acceptat	ile)	
	JDERDALE FL 33301		83			
			84 City			7- 0-4-
					FL	Zip Code
or redistere	ed agent, or both, in the State of Fig	nga. Such change was authorize	s, the above-hamed corporal distriction's board	tion submits this statement for the pur of directors. Thereby accept the app	pose of changing its	registered office
familiar witi	n, and accept the objections of, 5ec	JION NUZ UNEN MONGA STANDAS -		4 1 /	Little it as registale	Lagent raiji
SIGNATURE	Signature Bysert or per too name of Registrated by	Annie van 1850 - 1881 Tannie melit	COLEMAN C. SWE	El Minian	Rever 1	422/16
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	OBS IN 12
TITLE	PDST	☐ DELÉTE	1 1 TITLE	1	☐ Change	
NAME	Bland, Joseph G		1.2 NAME	(Same)		_
STREET ADDRESS	8464 NW 2ND ST		1.3 STREET ADDRESS	(vie me)		
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY - ST - ZIP			
TITLE		DELETE	2 1 THEF		☐ Change	☐ Addition
NAME			2.2 NAME			
STREFT ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE			2.4 City-St-Zif		Change	
NAME		L] ordin	3 2 NAME		Change	Addition
STREET ADDRESS			33 STREET ADDRESS			
CITY - ST - ZIP			3.4 CH Y - ST - 7IP			
TITLE		☐ DELETE	4 1 DILE		☐ Change	Addition
NAME			4 2 NAME		-	_
STREET ADDRESS			4 3 STHEE? ADDRESS			
CITY - ST - ZIP			4.4 CITY - S1 - 7IP			
TITLE		DELETE	5 1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 C(TY-\$T-Z)P			To care
NAME		L3 press	6 1 LILE		☐ Change	☐ Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS			
CITY -ST-ZIP			6.3 STREET ADURESS 6.4 CHY - ST - ZIP			
14. Ldo hereby	certify that the information supplied	with this filing is voluntarily furnis	hed and does not qualify for	the exemption stated in Section 119.	07(3)(k), Florida Stati	ites. I further
cert-fy that oath that I appears in	the information indicated on this and am an officer or director of the corp Block 12 or Block 13 if chapsed, or	வி report or supplemental annual oration or the receiver susteed oration at the control of additional oration and the control of additional oration and the control of additional orational oration	al report is transmit accumité empowers la execution is	and that my signature shall have the report as physical by Chapter 607, Flo	same legal effect as onda Statutes, and th	if made under nat my name

SIGNATURE: