## 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

- 1 184/1861 ISO 1848 JULI DERN GERR BROW BRIEF BROEF BROEF BROEF

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DOC	JMENT #	P9300002534	19

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BC	Ж	ESSEN	ITIALS	SOU	TH,	IN(	Э.		

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	e of Business		Maili	ing Address				1			III BIBI <b>K (B</b> II 1 <b>08</b> )
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STE 210 BOCA RATO	N. E. 22422		•	E 210							
US NATO	M FL 33432		BO US	CA RATON FL 33	1432			3. Date Incorporated or Qualified	3a. Date	of Last	Report
	lace of Business							04/01/1993		/06/18	
2. Principal Pi	race of Business	:		Mailing Address				4. FEI Number			Applied For
Suite, Apt.	# etc		26	Nilsa And H ata				65-0405008		l	Not Applicable
22		· · · · · · · · · · · · · · · · · · ·	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State	re	:	<b>28</b>	Dity & State				Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees
Ζιρ <b>24</b>	Counti 25	γ	<b>29</b>	Úp	30	ountry		8. This corporation has liability for in Florida Statutes			
	9. Name and Addre	ess of Curren	- 1	red Agent	1301			10. Name and Address of New Re	_		
						81	Name	10. Namie and Address of New M	egistereu A	gent	
RUSSEL	LL, BERNARD										
	OCEAN BLVD					82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)		
STE 210						83					
	RATON FL 33432										
DOOM	WI ON 1 5 00102					84	City		P= 1	85 2	Zip Code
11. Pursuant t	to the provisions of Sect	ions 607.0502	and 607.1	1508 Florida Statu	utos the at	boue-e	nagrad corner	ation submits this statement for the purp	<u> </u>	44	
						e corpo	oration's boar	auon submits this statement for the purp d of directors. I hereby accept the appo	oose of char intment as r	nging its reaistere	registered offici d agent. Lam
IO TIMES 141	th, and accept the obliga	ations of, Secti	ion 607.050	05, Florida Statute	es.					- 0	
SIGNATURE .	Signature, typed or printed name	of registered greet	and title if appl	licable	NOTE Pometer	ad Ass.	t signature required				
12.		OFFICERS AND	<del></del>		13		c signature required		DATE DE DO AND	DIDECT	000 N 40
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NAME	RUSSELL, BERNA	IRD.				NAME				j unange	Addition
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CHY-ST-ZIP	BOCA RATON FL						ſ				
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