## 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 #	P93000027023	(9)

1. Corporation	R LEGAL PROTECTION SER	•	<i>'</i> )				
Principal Place of Business 210 N UNIVERSITY DR SUITE 503 CORAL SPRINGS FL 33071		Mailing Address  ONE EAST BROWARD BOULEVARD BARNETT BANK TOWER: 17TH FLOOR FORT LAUDERDALE FL 33301 US		— I HEDIODI IND HARD IIIII AGIII DENK	08)   84  2 HEH 188   85	IU HARAF INI NUUI	
				3. Date Incorporated or Qualified 3a. Date of Last Report 04/13/1993 02/14/1995			
	lace of Business EAST BROWAR BUI	2a. Mailing Address		4. FEI Number 65-0400433		Applied For Not Applicable	
Suite Ant		Suite Ant # etc		· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$8.7	5 Additional
UIIV & SIBIE	e	City & State			Election Campaign Financing     Trust Fund Contribution	<sub>□</sub> \$5.0	Required  May Be
715 14 3336	CAUDERDALE, FC. Country 25 US	Ζφ 29	Country 30		This corporation has liability for it Florida Statutes  Yes	intangibie tax under s	ed to Fees 199.032,
	9. Name and Address of Current			<del></del>	10. Name and Address of New R		
****	***		81	Name			
	SCOTT A		82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
	AST BROWARD BOULEVARD TT BANK TOWER, 17TH FLOOR		83				<del></del>
	AUDERDALE FL 33301			-	<u></u>		
* *	, 1000, 101, 100, 100, 100, 100, 100, 1		84	City		FL 85 Z	ip Code
or register familiar wil SIGNATURE	to the provisions of Sections 607,0502 red agent, or both, in the State of Florid ith, and accept the obligations of, Section 1997 of the Provision of Provision of Englishment agent is stated by the Provision of Englishment agent is stated by the Provision of Provi		zed by the corpo			pose of changing its ointment as registered	fagent. I am
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		ORS IN 12
Taruf	D MADED COOTT	DELETE	1. 1 TiTLE			☐ Change	☐ Addition
NAME OSSOLI ADDOCADO	MAGER, SCOTT ONE EAST BROWARD BOULE	EVADO 17TH ELOOD	1.2 NAME				
STREET ADDRESS GRY-ST-ZIE	FORT LAUDERDALE FL	WAND, IT IT FLOOR	1.3 STREET A	1			
H:ft		DELETE	1.4 CITY-ST-ZIP 2. 1 TITLE			Change	☐ Addition
NAME		<b>-</b>	2.2 NAME			[ ] Oriente	☐ ∧oonton
STRE-T ADDRESS			23 STREET A	ADDRESS			
C:1Y-SI-ZiP			24 CITY - S1	- ZIP			
THEF		☐ DELETE	3 1 TITLE			☐ Change	Addition
NAM:			3.2 NAME				
STREET ADDRESS			33 STREET				
CHTY - ST - ZIP THTLF		DELETE	3.4 CITY-ST	- ZIP		Change	- Addition
NAMI,		[] beer in	4. 1 TITLE 4.2 NAME			Change	Addition
STREET ADDRESS			4.3 STREET A	ADDRESS			
CITY - ST - 76°			4.4 City - ST				
blice		☐ DELETE	5 1 TIFLE			☐ Change	Addition
NAME			52 NAME			-	
STHEF : ADDRESS			53 STREET A	ADDRESS			
CITY - \$7 - ZI -			5.4 CITY-ST	- ZIP			
li'lE		☐ DEFELE	6 1 TITLE			☐ Change	☐ Addition
NAM:			62 NAME				:
SPREET ADDRESS			63 STREET A	TOUBERS			
UHY - ST - ZIP							

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SCOTT MAGE A PRESIDENT

Ido neretry certify 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 compration 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 changedy for an attachment with an address.

GNATURE:

ONLY OF THE PROPERTY OF T 954-761-1106 Daytime Phone I