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

P93000029269 (6) **DOCUMENT #** 1. Corporation Name

TA/	s securities	2 18/10

Principal Place of Business Mailing Address) 		Willia (B): 1881	
980 N FEDERAL HWY		980 N FEDERAL HWY									
SUITE 210 BOCA RATON FL 33432		SUITE 210									
BOOK RATOR	FE 33432	BOCA RATON FL 3343	32			3.	Date Incorporated or Qualified	1	ate of Last R	•	
							04/21/1993		04/28/199	<u>)5 </u>	
2. Principal Pla	ace of Business	2a. Mailing Address				4. 1	FEI Number			Applied For	
21		26				65-0413881 Not App					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5.	Certificate of Status Desired	>≠	•	Additional Required		
22 C# - 9 State		City & State				Election Compaign Financina					
City & State		28]			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip	Country	Zip	Cour	itry			This corporation has liability for	or intangible	 		
24	25	29	30	•				es ∐No			
	g. Name and Address of Current	Registered Agent				10.	Name and Address of New	Register	ed Agent		
				B1	Name						
SCARLE	TT, CHARLES E		}	82	Street /	Address (P.C	D. Box Number is Not Accept	able)			
980 N FEDERAL HWY											
SUITE 210				83							
BOCA R	ATON FL 33432		F	84	City				85 Z	p Code	
	to the provisions of Sections 607.0502 a	10014100 5 1 0						<u>_</u>			
or register	ed agent, or both, in the State of Florida th, and accept the obligations of Section	 Such change was authori 	zed by the or	orpc	vation's	board of dire	ectors. Thereby accept the a	ppointment	t as registered	í agent I am	
	Signatine Typied Copenhid traces of responses Lagrician		alé Rajamata	Age:10	signation o			[JATE			
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO O	FFICERS A	ND DIRECTO	DRS IN 12 Addition	
TITLE	DCEO	☐ DELETE	1 170			PRES	IDGUT		Çria iye	Addition	
NAME	LEEDS, MARSHALL T 980 N FEDERAL HWY SUITE 2	10	12 NA		ADDRESS						
STREET ADDRESS	BOCA RATON FL 33432	10									
CITY-ST-ZiP TITLE	S	() DELETE	14 CH 2 1 TH	~	1 - ZIP	1/11/2	PRESIDENT	E	☐ Change	ddition	
NAME	WAGNER, JOYCE		2 2 NA			0,00	7,00,00				
STREET ADDRESS	980 N FEDERAL HWY SUITE 2	10		REET ADDRESS							
CITY-ST-ZIP	BOCA RATON FL 33432		2 4 C·1								
TITLE	DTV	□ DELF1E	3 1 7:1						☐ Change	Addition	
NAME	GLASER, GREGG S		3 2 NA	ME							
STREET ADDRESS	980 N FEDERAL HWY SUITE 2	10	33 SI	REFT	ADDRESS						
CITY-ST-ZIP	BOCA RATON FL 33432		3.4.01) S	. ZIP			.			
TITLE	D	☐ DELFTE	4 1 11	ī L ē		VICE	PRESIDENT		☐ Change	Addition	
NAME	MARKS, JOEL		4.2 NA	ME							
STREET ADDRESS	1117 PERIMETER CENTER W.	#500E	4351	HEE!	ADDRESS						
C(TY-ST-ZIP	ATLANTA GA	FT COLOR	4.4 C)T		T - Z IP		AAAA - AAAA - AAAA - AAAA			FT1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
TITLE	DV	☐ DETEN	5 1 ĬI				6000018 -05/20/960	() 94	14F	Addit on	
NAME	FERGUSON, W D	40	5.2 NA				-05/20/980°	<u> </u>	020		
STREET ADDRESS	980 N FEDERAL HWY SUITE 2	IU			ADDRESS		***208.75				
CHY-ST ZIP	BOCA RATON FL 33432	DELETE	5 4 CIT 6 1 TI		I - ZIP	_			Change	Addition	
		☐ percie	62NA						L Gridings	☐ Addition	
NAME STREET ADDRESS					ADDRESS						
			6.4.01								
CiTY - ST - ZiP	woods, that the information surveys wi	11. Abrie 6harr ha red naturila 6 a	nichael and	1000	ingle and a second	L	vagantion stated in Section 1	10.07(2)(1)	Florida Statu	tae I further	

I do hereby certify that the information supplied with this filting is voluntarily furnished and closs not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I forther 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 early interest and that my report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

SIGNATURE: __

Gregg S. Glaser April 29, 1996 (407) 338-2761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

OF 5-1-96

CR2E034 (12/95)