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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Corporation	MENT # P93 RESEARCH, INC.	000038867 (6	6)					
incipal Place o	of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		(SOLUB IDIDO IIIII DOMI DEK		6 1 81 (811) 81111 1881 1881	
3801 S OCEAN DR 3801 S OCEAN DR SUITE 9 X SUITE 9 X								
HOLLYWOOI	D FL 33019	HOLLYWOOD FL 330	019	1 -	porated or Qualified	3a. Date of La	ast Report 1/1995	
'rincipa' Plac	ce of Business	2a. Mailing Address		4. FEI Numb]	Applied For	
		26		65	<u>0414271</u>		Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc. 27 City & State 28		5. Certificate	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
				I	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
ήp.	Country 25	Z(p)	Country 30		oration has liability for in	ntangible tax und	·····	
	9. Name and Address of Cu		I		d Address of New Re		t	
			81 Name					
BELFIORE, OSCAR 3801 S OCEAN DR			82 Street		ddress (P.O. Box Number is Not Acceptable)			
SUITE 9	9 X		83 501	J SW	IS2 AU			
HOLLY	WOOD FL 33019		84 City N	L	21	FL 85	Zip Code 2	
. Pursuant to	the provisions of Sections 607.	0502 and 607,1508, Florida Statuti	es, the above named cor	poration submits this	statement for the purp		its registered office	
	a agant, or both, in the state of n, and accept the doligations of,	0502 and 607,1508, Florida Statut Florida Sych change was authoriz Spetton 607,0505, Florida Statutes	ed by the corporation's b s.	oard of directors. I f	ereby accept the appo	intment as regis	tered agent. I am	
SNATURE s	Skyr attine typical company further of map to con-		TE Registered Agent signature rec	guired when reinstating)	ereby accept the appo	DATE	ECTORS IN 12	
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centry that, the information indicated on this armost report of suppretmental and of the tree 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 corporatio 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 charges, the on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-96 954 1040457