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

. Corporation N	IENT # P930(LAR WORKS, INC.		,_,	•				
rincipal Place o	of Business		ailing Address					
3380 N. 28TH HOLLYWOOD US	1 TERRAÇE		3380 N. 28TH TER HOLLYWOOD FL 3 US		Date Incorrected at Overline	lan Data	of Last R	oront
••					3. Date Incorporated or Qualified 06/07/1993	1	05/01/19	•
, Principal Piac	e of Business	28.	. Mailing Address		4. FEI Number	1		Applied For
		26	3		65-0467315			Not Applicable
Suite, Apt. #,	etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired		•	Additional Required
City & State			City & State		6. Election Campaign Financing			May Be
Zip	Country	28	Zip	Country	Trust Fund Contribution 8. This corporation has liability for			d to Fees 199 032.
7 16	25	29	2.42	30		s No		
J	9. Name and Address of Curre		stered Agent		10. Name and Address of New	Registered A	Agent	
				81 Name				
\$WERD!	LOW, RICHARD			82 Street Add	dress (P.O. Box Number is Not Accepta	ible)		
3380 N 28TH TERRACE				83				
HOLLYV	VOOD FL 33020			83				
				84 City		FL	85 Z	p Code
Pursuant to or registered familiar with	the provisions of Sections 607.050 d agent, or both, in the State of Flo , and accept the obligations of Se	02 and 30 orida Such Such 607.)7.1508, Florida Stat h change was autho .0505, Florida Statut	tutes, the above named corporated by the corporation's bottes.	oration submits this statement for the pi and of directors. I hereby accept the ap	urpose of cha pointment as	inging its i registered	registered office d agent. I am
SIGNATURE	grature, typed or printed name of registered ass	and tite I	applicable	tutes, the above-named corporation's bottes. (NOTE: Registered Agent signature requirements)	oration submits this statement for the pi eard of directors. I hereby accept the app ind when relistating? ADDITIONS/CHANGES TO OF	urpose of cha pointment as		
SIGNATURE 2.	11 111	and tite I	applicable	(NOTE: Registered Agent signature requi	ired when reinstating	urpose of cha pointment as DATE FICERS AND		DRS IN 12
SIGNATURE 12.	grature, typed or printed name of registered as OFFICERS A	and tite I	applicable CTORS	(NOTE Registered Agent signature requi	ired when reinstating	urpose of cha pointment as DATE FICERS AND	DIRECTO	DRS IN 12
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