FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996 MENT # P930 0	00042831 (6	CORPORATIONS		
1. Corporation		•	•	 	
Principal Place of Business		Mailing Address			# # # # # # # # # # # # # # # # # # #
33 SOUTHEAST 8TH STREET BOCA RATON FL 33432 US		33 SOUTHEAST 8TH STREET BOCA RATON FL 33432 US			
				3. Date Incorporated or Qualified 06/11/1993	3a. Date of Last Report 04/06/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FET Number 65-0415449	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	2	City & State		Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	Country 25	Ζφ 29	Count y	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
<u></u>	9. Name and Address of Curr			10. Name and Address of New	
			81 Name		
MICHAUD, SCOTT H 8121 TWIN LAKE DR			82 Street Addr	8? Street Address (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33496			8.3	N / M / N / N / N / N / N / N / N / N /	
			84 Orty		85 Zip Gode
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the above named corpor	ation submits this statement for the pu	ruose of changing its registered office
familiar wit	ed agent, or both, in the State of Fic. th, and accept the obligations of, Se	nda. Such change was authoriz chon 607.0505, Florida Statutes	ed by the comporation's hoai	d of directors. Thereby accept the app	ointment as régistered agent. Lam
12.	Signature specific printed name of registers as	etam necrapidade inst NO DIRECTORS	It flagsbood Ag it sig while repair. 13.		OATE ICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1 1 TITU	ABBITIONS OF ANGLES TO OFF	☐ Change ☐ Addition
NAME CERSEL ARRESTOR	MICHAUD, SCOTT H		12 NAME		
STREET ADDRESS CITY-ST-ZIP	8121 TWIN LAKE DR BOCA RATON FL		1.3 STRE: T ADDRESS 1.4 CITY - ST - ZIE		
TITLE	DV	DELETE	2 1 TITLE		Change Addition
NAME	BUSCHMANN, PAUL		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	2121 IMPERIAL POINT DR. FT. LAUDERDALE FL		2 3 STREET ADDRESS 2 4 City - ST- Zip		
THILE	DV	☐ DELÉTE	3 1 THLE	······································	Change Addition
NAME	FOX, BRIAN S		3.2 NAME		
STREET ADORESS	800 SE 9TH AVE.		3.3 STRE TIADORESS		
CITY - ST - ZIP TITLE	DEERFIELD BCH. FL DVS	DELETE	3.4 CHY - 31 - ZIP 4.1 THE		Change Addition
NAME	FERRARRA, JAMES I FER		4.2 NAME		C. o.io.igo C. Monton
STREET ADDRESS	21519 KAPOK CIR.	,	4.3 STREE! ADDRESS		
CITY - ST - ZIP	BOCA RATON FL	FT bo see	4.4 CITY - 3T - ZIP		
THTLE NAME	DV Mittelmark, Michael K	Decete	5 1 11'LE 52 NAME		Change Addition
STREET ADDRESS	17727 PINE NEEDLE TERR.		53 STHEET ADDRESS		
C-TY-ST-ZIP	BOCA RATON FL		5.4.C-TY - 5T - 7/P		
TITLE		☐ DELETE	6 1 T ILE		Change Addition
NAME OTREET ADDRESS			€ 2 NAME		
STREET ADDRESS CITY-ST-ZIP			6.3 STREE 1 ADORESS 6.4 City - 31 - Zip		
14. I do hereby	y certify that the information supplied	with this filing is voluntarily form	ished and does not qualify to	or the exemption stated in Section 119	.07(3)(k), Florida Statutes 1 further
certry that oath, that I appears in	are information indicated on this and larn an officer or director of the corp Block 12 or Block 13 if changed, or	laar report or supplemental ann koral-un or the reselver of distar con an attachment with an addr	uai report is true and andura) emplowered to execute this ess	le and that my signature shall have the s report as required by Chapter 607, Fl	same legal effect as if made under orda Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES T. FERRARA, SEC.

4/24/96 392-0540