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

PROFIT CORPORATION

SIGNATURE:

SIGNAL GREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

ANN	JAL REPORT 1996	Secre	a b. Mortham Etary of State F CORPORATIONS		
DOCU 1. Corporatio	MENT # P9300	00046037 (	6)		
· ·	A ASSOCIATES, INC.	·	•		
Principal Place		Mailing Address		I 1001/401 (10 10104 141)( 0011) [0	
16459 PINES BLVD. PEMBROKE PINES FL 33029 US		1074 N.W. 184 WAY PEMBROKE PINES FL 33029 US			
2 Principal Pl	ace of Business			<ol> <li>Date Incorporated or Qualified 06/30/1993</li> </ol>	3a. Date of Last Report 05/01/1995
21	ace of bosiness	2a. Mailing Address 26   8459   Ρ	ines BLYD	4. FEI Number 65-0421231	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
City & State	)	City & State		5. Certificate of Status Desired	Fee Required
23		28 Pumpoke Piña	s, fl	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ <b>24</b>	Country 25	Zip 2 4 2 26	Country	8. This corporation has liability for in	ntangible tax under s 199.032,
	9. Name and Address of Current		30 US	Florida Statutes Yes  10. Name and Address of New Re	
			81 Name	TO. Name and Address of New Ad	agistered Agent
	JSE, KEITH J IORTH FEDERAL HIGHWAY		82 Street Add	ress (P.O. Box Number is Not Acceptable	e)
SUITE	353		83		
BOCA	RATON FL 33431				
			84 City		85 Zip Code
<ol> <li>Pursuant to or registere</li> </ol>	o the provisions of Sections 607.0502 and agent, or both, in the State of Florida	and 607.1508, Florida Statute a. Such change was authorize	es, the above named corpo	ration submits this statement for the purp rd of directors. I hereby accept the appo	pose of changing its registered office
	n, and accept the obligations of, Section	n 607.0505, Florida Statutes	or by the corporation & boa	re or directors. Thereby accept the appoi	intment as registered agent. I am
	Signature, typed or printed name of registered agent a		TE: Flegistered Agent a gnature require	d wen rendahon	Days.
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIRECTORS IN 12
NAME	DISLA, ERIC	☐ DELETE	T. 1 TIFLE		☐ Change ☐ Addition
STREET ADDRESS	1074 N.W. 184 WAY		1.2 NAME		
CITY-ST-ZIP	PEMBROKE PINES FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE		DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		change Addition :
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 CITY-S1-ZIP		
NAME		[] been	3.1 HILE		Change Addition
STREET ADDRESS			3.2 NAME 3.3. STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME CAREET ADDRESS			4.2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		☐ DELETE	44 CITY-ST-7IP		
NAME		L.J beerit	5. 1 TITLE 5.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY-ST-ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME		
DITY-ST-ZIP			6.3 STREET ADDRESS		
14. I do hereby r	certify that the information supplied with	this filing is voluntarily furnis	■ 64 CITY-ST-ZIP hed and does not qualify fo	r the exemption stated in Section 119.07	(2)(I) Florido Dina
oath; that I a appears in B	in information indicated on this annual im an officer or director of the corporat flock 12 or Block 13 if charged or on a	report or supplemental annuation or the receiver or trustee	al report is true and accurate empowered to execute this	r the exemption stated in Section 119.07 e and that my signature shall have the sa report as required by Chapter 607, Floric	Me legal effect as if made under da Statutes; and that my name

Date