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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1996		12 14 14 14 14 14 14 14		Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS					
DOCUN 1. Corporation AL-JUN			00494	27 (6))		1 1882/2801 A16 18188 11/11 8841/ 88	DA na rre andri arnin suc	(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal Place	of Business		Mailing Ad	dress			1 12411241 118 12184 11(1) \$611: 0 \$(1 01010 11011 1001 1001
P.O. BOX 2011 HOLLYWOOD FL 33022			P.O. BOX 2011 HOLLYWOOD FL 33022						
							3. Date Incorporated or Qualified 07/15/1993	3a. Date of La 01/25	•
Principal Place of Business The Principal Place of Business The Principal Place of Business			2a. Mailing Address 26				4. FEI Number 65-0430247		Applied For Not Applicable
Suite, Apt. #	f, etc.			Apt. #, etc.	· ···		Certificate of Status Desired	1 1	.75 Additional
22			27						Fee Required
City & State	!		Oity & 5	State			6. Election Campaign Financing Trust Fund Contribution	1 1	5.00 May Be Added to Fees
Zip		Country	Zip		Country		8. This corporation has liability for	intangible tax und	
24	2		29		30	a	Florida Statutes		
	9. Name a	nd Address of Curren	it Hegistered A	geni	81 Nam		10. Name and Address of New	Registered Agen	i
SHKKAF	R, MAZEN M	P				<u> </u>	KKOC, VOZEO 5 (P.O. Box Number is Not Accepta	M.Y.	
	LWD BLVD				82 Stree			BIV	•
	VOOD FL 33				83				
					84 City	11-11		85	Zip Code
			1007.4500				ywood	FL	33020
or registere	ed agent, or b	oth, in the State of Florid	da. Such change	was authorize	ed by the corporation	corporation's board o	on submits this statement for the pu of directors. I hereby accept the app	urpose of changing pointment as regis	i its registered office tered agent. I am
	th, and accept	the obligations of, Sect	tion 607,0505, FI	onda Statutes.					
SIGNATURE _	Signature, typed or	printed name of registered agent	and tine if applicable.	TOP)	E: Registered Agent signatur	re required wh		DATE	
12.		OFFICERS AN	D DIRECTORS	T DELETE	13.		ADDITIONS/CHANGES TO OF		·
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further 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 oath; that I am an officer or director of the corporation 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 chapted, or on an attachment with an address.

6 1 TITLE 62 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Daytime Phone #

Change

☐ Addition