FII	E NUM: EILING EEE	ACTED MAY 4 10	£225 00			
	E NOW: FILING FEE				ABBBAUCE	
CO	RPORATION (1)	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham			APPROVED AUD	
ANNUAL REPORT		Secretary of State				
1996 DIVISION OF			ORPORATIONS		9 - F SS - 140 F F	
DOCUMENT # P93000057169 (3)					1996 HAY - 1 PM 2	
	FLORIDA		SECRETARY OF ST. JAULAMASSEE, FLO	ATE Sina		
	L POKTDY'	'		TAREPA		
Principal Plac			**************************************	na mmoutSIV		
1	utheast 32nd Road	1080 N. Delaware Ave.			-05/01/98	01803 4 57 501077018
Miami,	FL 33129-2807	506			****200.	00 ****200.00
		Philadelphia, PA 19 US	125	1	3. Date Incorporated or Qualified	· ·
2. Principal P	Place of Business	2a. Mailing Address	···		8/11/93 4. FEI Number	5/1/95 Applied For
	Debeambien Dr.	26 201 East P	ine Stre	et	65-0448641	Not Applicable
Suite, Apt. 22 City & Stat		Suite, Apt. #, etc. 27 1200	······		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	ndo, Florida	City & State 28 Orlando, F	lorida		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 32835	Country	Zip	Country		8. This corporation has liability for	intangible tax under s. 199.032,
24 5200	9. Name and Address of Current		orange		Florida Statutes Yes 10. Name and Address of New Re	
Merki	n, Stewart A.		81 Name	e		
Rivergate Plaza, Suite 300 82 Street Address (P.O. Box Number is Not Acceptable)						
444 Brickell Avenue Gray, Harris & Robinson, P.A.						on, P.A.
Miami	, FL 33131		84 City	l Ea	st Pine Street,	
11 Purcuant	to the provinces of Sections 607.0500		Or.	land	0	FL 85 Zip Code 32801
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE CALL BY BY A 120 406						
12.	Signature typed or printed rand of regist red agent OFFICERS AND	and tille if applicable (NOTE DIRECTORS	Registered Agent signatur	re required w	ther (Einstaing) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	D	X) DELETE	1. 1 TITLE	D/P/T	/S	CEAS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS	Stallone, Sylvester	Code to C	1.2 NAME		one, Sylvester Debeaubien Drive	
CITY-ST-ZIP	% 1080 N. Delaware Ave., Philadelphia, PA 19125	Suite 506	1.3 STREET ADDRESS 1.4 City+St-Zip		do, FL 32801	
TITLE	D	(X) DELETÉ	2. 1 TITLE	AS		Change Addition
NAME STREET ADDRESS	Filiti, Anthony		2.2 NAME		berg, David	
CITY-ST-ZIP	% 1080 M. Delaware Ave., Philadelphia, PA 19125	Suite 506	2.3 STREET ADDRESS 2.4 City-St-Zip	1.	Debeaubien Drive do, FL 32801	•
TITLE NAME		DELETE	3 1 TITLE	1		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS]		
CITY+ST-ZIP			3.4 CITY-ST-ZIP]		
TITLE NAME		L DELETE	4. 1 TITLE			Change Addition
STREET ADDRESS			4 2 NAME 4 3 STREET ADDRESS			
CITY-ST-ZIP			4.4 City-St-ZiP	L		
TITLE NAME		☐ DELETE	5 1 TITLE			Change Addition
STREET ADDRESS		1	5.2 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE NAME		DELETE	6. 1 TITLE			Change Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS			امار المويد
CITY-ST-ZIP			SACITY, ST. 2ID			5/1/46
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 changed, or or an attachment with an address.						
SIGNATURE: David Rosenberg 4/30/96 (407)299-9450						
SIGNATURE: David Rosenberg 4/30/96 (407)299-9450 SIGNATURE and Typed on Printed Name of Signing Rosenberg Date Date Date District Phone #						
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