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

PROFIT



FLORIDA DEPARTMENT OF STATE

	ANNUAL F	REPORT 🖁		Secre	a B. Mortham tary of State CORPORATIONS				
D	OCUME! Corporation Name	NT # <b>P93</b> 0	0000640	00 (1)	)				
	THE ESTATE	ES REGISTRY, IN	C.				1 <b>110</b> (11 <b>1</b> 4) 110 <b>11110 1</b>	Odeli dönd olku okde	. <b> </b>
Prin	cipal Place of Bus	iness	Mailing A	ddress					
	37 SW SECOND S CA RATON FL 334			V SECOND STR ATON FL 33486					
	<del> </del>						Date Incorporated or Qualified 09/14/1993	3a. Date of Le	•
F	<sup>a</sup> rincipal Phace of E	Business	<b>⊢</b> —,	g Address		4	FEI Number		Applied For
21	Suite, Apt. #, etc.		26 Suite	Apt. #, etc.			NOT APPLICABLE		Not Applicable
22	City & State		27	State			Certificate of Status Desired	L.J	3.75 Additional Fee Required
23	any to Otter to		28	otate		6	Election Campaign Financing Trust Fund Contribution		5.00 May Be
· ·	(ib	Country	Zip		Country	8	This corporation has liability for		Added to Fees ler s. 199 032
24		25	29	y	30		Florida Statutes	<b>₩</b> Mo	
·	9. N	lame and Address of C	Current Registered	Agent	81 Nan		. Name and Address of New F	Registered Agen	ł .
	700 W HILLSBO BLDG 4 SUITE DEERFIELD BE/	<del>206</del> ACH FL <del>3344</del> 1			82 Strg 83 84 City	180 Such	Box Number is Not Acceptate  4 10  Carly	FI 85	33832
	NATURE	rovisions of Sections 607 it, or both, in the State of accept the obligations of the obligations of the objection of the obje	i, coolon car.o303, r	ionda Statutes	es, the above-named ad by the corporation 25. Registered Agnot signate		submits this statement for the pul lirectors. I hereby accept the app		its registered office ered agent. I am
12.			RS AND DIRECTORS	(140.	13.	te rechired when i	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRE	CTORS IN 12
Į.	LADDRESS 1337	OURKE, MICHAEL SW SECOND ST		DELETE	1 1 TITLE 12 NAME 1.3 STREET ADDRES	ss		☐ Cha	
THE NAME	St. zift   BOC	A RATON FL 33486		DELETE	1 4 C(TY - ST - Z)P 2 1 T(TLF			Cna	nge 🔲 Addition
5146	1 ADURESS \$1-ZIP				2.2 NAME 2.3 STREET ACCRES 2.4 CITY - ST - 7IP	ss			
TIPLE NAME STREET	l adoress		[	DELETE	3 1 TITLE 32 NAME 33 STREET ADDRES	SS		Cha	nge 🔲 Addition
CI Y-1 TUTLE NAME	S1 - ZIP		[	DELETE	3 4 CITY - ST - ZIP 4. 1 TITLE 4 2 NAME			Cnai	nge Addition
l	LADDRESS S1-ZIP		г	DELETE	4.3 STREET ADORES	s			
NAM:			L	_ OLL CIE	5 1 TITLE			Char	nge ☐ Addition
1	CADDRESS				5.2 NAME 5.3 STREET ADDRESS	s		المانان و	
CITY :				DELFTE		s		☐ Char	

64 CITY-S1-2IP

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). Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and a currate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered in exercite this report as required by Chapter 697, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE

Desprise Phone I

CR2E034 (12/95)