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

1996 DIVISION OF CORPORATIONS								
DOCUMENT # P93000074593 (3)								
	ASSOCIATES, INC.						16111 8 8131 18811 2	
Bringland Bloom	of Business	Mailing Address						
Principal Place		•	Mailing Address					
302 MOCCASIN TRL W % JUPITER JUPITER FL 33458 6390 INDIA								
US		JUPITER FL 33458				3. Date Incorporated or Qualified	3a. Date of	Last Report
O District Dis		l On Martin Addition				10/20/1993 4. FEI Number	05/0)1/1995
2. Principal Place	ce of business	2a. Mailing Address	- 			65-0464380		Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	⊠´	\$8.75 Additional
City & State		City & State	City & State			6. Election Campaign Financing		\$5.00 May Be
23		28	28			Trust Fund Contribution		Added to Fees
Zip 24			Coun	Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes X No		
	9. Name and Address of Cu		130			10. Name and Address of New R		ent
			['	B1 N	Vame			
	i, richard p Iantown RD		וֹ	82 S	Street Addres	s (P.O. Box Number is Not Acceptable	0)	
	OOD PLZ STE 30		ļ,	83				
JUPITER				B4 (City		T	85 Zip Code
11 Pursuant to	the provisions of Sections 607.0	3502 and 607 1508. Florida Stalute	o the above	e-pan	ned comorat	ion submits this statement for the pur	- FL	
or registere	d agent, or both, in the State of I	Florida. Such change was authorize Section 607.0505, Florida Statutes.	ed by the co	orpora	ation's board	of directors. I hereby accept the appo	intment as re	gistered agent. I am
SIGNATURE								
12,	ignature, typed or printed name of registered OFFICERS	agent and the if applicable (NO AND DIRECTORS	TE: Registered A	gent sig	gnature required v	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DI	RECTORS IN 12
TITLE	P	☐ DELETE	1 1 1 1	LF				Change 🔲 Addition
NAM(GULISANO, ANN		1.2 NAME					
STREET ADDRESS CITY - ST - ZIP	302 MOCCASIN TRAIL W JUPITER FL		1.3 STR 1.4 CIT					i
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NAME STREET ADDRESS			62 NAM 63 STR		DRESS			į
CITY-ST-ZIP			6.4 CiT					
certify that oath; that I	the information indicated on this am an officer or director of the c	annual report or supplemental annu	ished and d ual report is a empowere	loes n true a	ot qualify for and accurate	the exemption stated in Section 119, and that my signature shall have the report as required by Chapter 607, Flo	same legal eff	ect as if made under
SIGNATI	URE: X LILI	Stalles CLS FR ED OR PRINTED NAME OF SIGNING OFFICE	R OR DIRECTO	OR .		4/15/91 Date	4/0]-, Daytir	746-USIS