	PROFIT DRPORATION NUAL REPORT 1996		IDA DEPARTMENT OF S Sandra B. Mortham Secretary of State ISION OF CORPORATIO	
1. Corporatio	JMENT # P93 INON, INC.	3000078635	5 (8)	t sabilede 119 jajob 1311) Advit Basil Davit Advit Jajob Skott Jajib Bivab Tijbi Avit 1861
	ce of Business	Mailing Address		
2001 N. OCI SUITE 1605 BOCA RATO		2001 N. OCEA Suite 1605 Boca Raton	-	3. Date Incorporated or Qualified 3a. Date of Last Report
21	Place of Business	28. Mailing Add		11/15/1993 04/10/1995 4. FEI Number Applied For 65-0435193 Not Applicable
Suite, Apt. 22 City & Stat		Suite, Apt. # 27 City & State		5. Cortificate of Status Desired S8.75 Additional Fee Required 6. Election Campaign Financing S5.00 May Re
23 Zip 24	Country	28 Zip	Country	Trust Fund Contribution Added to Fees 6 8. This corporation has liability for intangible tax under s 199.032,
24	25 9. Name and Address of	29 I Current Registered Agent		
2101 CO SUITE 4 BOCA F	RATON FL 33431		83 84	City El 85 Zip Code
 Pursuant or register familiar w SIGNATURE 	TALYON	07.050 and 607.1508, Florid 0000000 Such change was 0100000 SUCh change was 01000000 SUCh change was 0100000000000000000000000000000000000		named corporation submits this statement for the purpose of changing its registered office poration's board of directors. Thereby accept the appointment as registered agent. I am
12 . TITLE	/ · · · · · · · · · · · · · · · · · · ·		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME STREET ADDRESS CITY - ST - ZIP	ERDLE, JACK A	., SUITE 1605	1.2 NAME 1.3 STREET AS 1.4 CHY+ST-	ADDRESS TED
TITLE NAME STREET ADDRESS	D Erdle, Norma	DEC DEC		K 21 Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	BOCA RATON FL 3343		2 4 C(1Y - ST -	ST-ZIP
CITY-ST-ZIP TITLE NAME STREET ADDRESS			34 CITY+ST+	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELE	4.4 C(TY-ST-	T-ZP
CITY-ST-ZIP TIFLE NAME STREET ADDRESS		[] Deif	5 4 CHY - ST - 2 LETE 6 1 THTLE 6 2 NAME 6 3 STREEJ AD	Change Addition
				T.ZP s not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further le and accurate and that my signature shall have the same legal effect as if made under to execute this report as required by Chapter 607, Florida Statutes; and that my name
SIGNAT		and the s	MUN	3/14/96 427 392 5543