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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

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Principal Place of Business Mailing Address 1222 NE 4 AVENUE 1222 NE 4 AVENUE FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 3a. Date of Last Report 3. Date Incorporated or Qualified 01/01/1994 08/14/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0452696 21 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032. Florida Statutes Yes X No Zip Country Zip Country 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name O'SHAUGHNESSY, STEVE Street Address (P.O. Box Number is Not Acceptable) 82 1222 NE 4 AVENUE 83 FT. LAUDERDALE FL 33304 84 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TTI DELETE Change ☐ Addition TITLE 1.1 TITLE O'SHAUGHNESSY, STEVE NAME 1.2 NAME STREET ADDRESS 1222 NE 4 AVE. 1.3 STREET ADDRESS FT. LAUDERDALE FL 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE ☐ Change ■ Addition 2.1 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2.4 CITY - ST - ZIP □ DELETE Change Addition 3 1 TITLE TITLE 3.2 NAME NAME STREEL ADDRESS 3.3. STREET ADDRESS 34 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 4 1 TITLE THLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 44 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change 5 1 THLE Addition TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADORESS CITY - ST - ZIP 54 CHY+\$T-ZIP DELETE 6 1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP C(1Y - ST - 7)P 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

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NATURE: S. O'Shaughery Steve O'SHAUGHWESSY 4/3/96 832-