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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1996			Secr			ra B. Mortham retary of State DF CORPORATIONS									
	OCU	MENT	# P9	30000	085868	(6)				:					
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Principal Place of Business Mailing Address									···						
307 S 21ST AVE HOLLYWOOD FL 33020 US					307 S 21ST AVE HOLLYWOOD FL 33020 US)			B. D. A. L.					,
										 Date Incorpor 12/15/1 		3a. [Date of Last 05/01/	•	
_	Principal Pl	lace of Busines	s	-	a. Mailing Address					4. FEI Number				Applie	d For
21	Suite, Apt.	# etc		26	Suite, Apt. #, etc					65-04	56189				pplicable
22				27	Suite, Apr. #, etc					5. Certificate of S	Status Desired		,	75 Addi e Requi	
23	City & State	e		00	City & State					6. Election Camp				00 ма	
23	Ζιρ		Country	28	Zip		Countr	v		Trust Fund Co 8. This corporation				ded to F	
24			5	29		30				Florida Statute				5 188.0	J32,
		g. Name a	nd Address of	Current Regi	stered Agent			T		10. Name and A	ddress of New	Register	ad Agent		
	KUDN	, gary a.					B1	Name							
		BISCAYNE I	RI VD	Address	s (P.O. Box Numbe	er is Not Accepta	ıble)								
	STE 20		5215				83	1							
AVENTURA FL 33180								City					les l	Zip Code	
ذه							- 1	'				F	1 1 1	•	
"	or register	to the provision red agent, or bi	is of Sections 50 oth, in the State	7.0502 and 60 of Florida. Sug	07.1508, Florida St h change was auth	atutes, the a orized by the	abovie- ne c¢rp	named co poration's	orporation of the orporation o	on submits this sta of directors. I hereb	tement for the pi by accept the ap	urpose of pointment	changing its as register	register ed agent	red office L. Lam
SIC	AMATURE	п, апо ассерг	the colligations of	ir, Section 607	.0505, Florida Stat	utes.							Ü	Ü	
	- /	Signature, typed or	printed name of registe			(NOTE Regist	егесі Адо	rd signature i	required wh	nen reinstating)		DATE			
12		PD	OFFICE	RS AND DIRE	CTORS DELETE		3.		· · · · · ·	ADDITIONS/CI	HANGES TO OF	FICERS A	ND DIRECT		
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STR	EET ADDRESS		1ST AVE			1		T ADDRESS							
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21K3	E1 ADDRESS		11			6.3	STREET	ADDRESS				,	- 1	W	

CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

931-922-6010

CR2E034 (12/95)