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

PROFIT CORPOFIATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

## P94000001160 (8) DOCUMENT # 1. Corporation Name

SIGNATURE:

SION R. ZERAH, C.P.A., P.A.									
Principal Place of	of Business	Mailing Address		<u>-</u>		6 70001000 610 1846 81001 00411 00411 0		11 <b>00</b> 1 H <b>0</b> 10	
7808 CORAL L DELRAY BEAC	*···	7806 CORAL LAKE DR. Delray Beach Fl 33446							
						3. Date Incorporated or Qualified 01/03/1994	3a. Date 0	f Last Re <b>28/199</b>	•
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number			Applied For
1		26				65-0467888 Not Applicable \$8.75 Additional			
Suite, Apt. #, etc		Suite, Apt. #, etc.	<del></del> 1			5. Certificate of Status Desired			Required
City & State			City & State			6. Election Campaign Financing		\$5.0	0 May Be
3		28				Trust Fund Contribution	<u> </u>	Added	d to Fees
Zip	Country	Zip	$\vdash$	untry		8. This corporation has liability for in		under s	199.032,
4	25	29	30	T		Florida Statutes Yes  10. Name and Address of New R		nent	
	9. Name and Address of Curren	i Registered Agent		81	Name	10. Name and Address of New N	egistered A	Joint	
men III. AIAII A									
ZERAH, S	sion r Iral Lake Dr.			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	BEACH FL 33446			83					
DECRAI	BENOTI LE SOTTO							0E 70	p Code
				84	City		FL	<b>65</b> Zip	2 COOG
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AN	D DIRECTORS	DIE Registere	d Ager	nt signature require	od when reinstalling) ADDITIONS/CHANGES TO OFF			
TITLF	D	DELETE 1		1 TITLE			Ľ	Change	Addition
NAME	ZERAH, SION R		1.2 NA						
STREET ADDRESS	7808 CORAL LAKE DR.			1.3 STREET ADDRESS					
CITY - ST - ZIP	DELRAY BEACH FL 33446	☐ DELETE		1.4 City-St-ZiP 2 1 Title				Change	Addition
TITLE NAME		<del></del>		2.2 NAME			_	_	_
STREET ADDRESS					ADDRESS				
CITY-ST-7IP			24	CITY-5	ST-ZIP				
TITLE		DELETE	3.1	TITLE				} Change	Addition
NAME			3.2	NAME					
STREET ADDRESS					T ADDRESS				
CITY - ST - ZIP		□ DELÉTE			ST-ZIP			Change	Addition
TITLE		☐ DELETE		TITLE NAME			L	, c.ango	
NAME					T ADDRESS				
STREET ADDRESS					ST-ZIP				
CITY-S1-ZIP TITLE		☐ DELETE		TITLE				] Change	Addition
NAME			5.2	NAME					
STREET ADDRESS			53	STREE	T ADDRESS				
CITY-ST-ZIP			54	CITY-	ST-ZIP			2.05	<u> </u>
TOLE		DELETE		TITLE				] Change	☐ Add/tion
NAME			1	NAME					
STREET ADDRESS					1 ADDRESS				
CITY-SI-ZIP		with this files is voluntarily for			\$1-2IP	for the exemption stated in Section 119	.07(3)(k) Flor	ida Stati	utes. I further
certify that oath; that appears in	by ce my mat the information subplied t the information indivated on this ann I am an officer or director of the corp in Block 12 or Block 13 if changed or	ual report or supplemental an oration or the receiver or trust on an attachment with an add	nual repor ee empow dress.	t is tr	ue and accur to execute the	for the exemption stated in Section 11st rate and that my signature shall have the his report as required by Chapter 607, F	same legal lorida Statute	offect as is; and th	if made under nat my name

Daytime Phone II