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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # P9400003614 (2)

Principal Place of Business Mailing Address 3170 N. FEDERAL HWY. 206-A LIGHTHOUSE POINT FL 33064-6700 Mailing Address 3170 N. FEDERAL HWY. 206-A LIGHTHOUSE POINT FL 33064-6700					
LIGHTHOUSE	: POINT PL 33004-0700	DOMINOUSE POINT	rL 33004-0700	3. Date Incorporated or Qualified 01/13/1994	3a. Date of Last Report 10/02/1995
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		65-0459891	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
3		28	:	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	B. This corporation has liability for in	=
4	25	[29]	[30]	Florida Statutes Yes	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	egistered Agent
VALIDIA	OMON DANOV				
YOUNGSWICK, RANDY 5550 N.W. 44TH ST.			82 Street Addre	ess (P.O. Box Number is Not Acceptable	e)
APT. 302-B			83		
LAUDERHILL FL 33319			84 City		85 Zip Code
				ation submits this statement for the purp	<u>FL </u>
familiar with SIGNATUREsi	, and accept the obligations of, Section grature typed or printed name of registered agent a	on 607.0505, Florida Statutes.	E: Registered Agent signature required		DATE
12. TITLE	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
NAME	YOUNGSWICK, RANDY	- Deter	1.2 NAME		Onling Notition
STREET ADDRESS	5550 N.W. 44TH ST., APT 302-B		1.3 STREET ADDRESS	DRESS	
CrTY-ST-ZiP	LAUDERHILL FL 33319		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2. 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
C+TY - ST - Z+P			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3. 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		•
CITY-ST-7IP			3.4 CITY - ST - ZIP		
1ift E		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5. 1 TITLE		Change Addition
NAME			5.2 NAME		onlings residen
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 DITY-ST-ZIP		
THILE		DELETE	6. 1 TITLE		☐ Change ☐ Addition
NAME		_	62 NAME		- · -
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
certify that t oath; that I	he information indicated on this annu	al report or supplemental annu ration or the receiver or trustee	al report is true and accura- empowered to execute this	or the exemption stated in Section 119.1 te and that my signature shall have the s report as required by Chapter 607, Flo	same legal effect as if made under

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date