## 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 # P94000013046 (5)

Corporation Name	0-1000010	OTO 1	7)
PENICHO MALERANCO			

Principal Place of Business Mailing Address 7000 S.W. 22ND CT. 7000 S.W. 22ND CT. STE. 143 DAVIE FL 33317  DAVIE FL 33317						
				3. Date Incorporated of 02/14/1994		te of Last Report 2/14/1995
_2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number 65-0487819		Applied For
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				Not Applicable \$8.75 Additional
City & Stat	to	27		5. Certificate of Status	Desired []	Fee Required
Zip	Country	City & State	····	6. Election Campaign F Trust Fund Contribu	tion 🗆	\$5.00 May Be Added to Fees
24	25	Ζφ <b>29</b> ]	Country <b>30</b>	This corporation has     Florida Statutes	lability or intangible	tax under s. 199.032,
	9. Name and Address of Curren	l Registered Agent		10. Name and Addres		J Agent
M=1 11/11/11			81 Nam			
	S, TERRY W JR WEDGEWOOD AVE		82 Stree	ot Address (P.O. Box Number is No	ot Acceptable)	
DAVIE F			83			
	to the provisions of Sections 607.0502 red agent, or both, in the State of Florid		84 City		FI	85 Zip Code
SIGNATURE	red agent, or both, in the State of Florid ith, and accept the obligations of, Section Signal are brief or predicting a city product agent a OFFICE RS AND	or to or application of DIRECTORS	33. KÖL: Projeknod Agent signatu 13.		TATE	
TITLE	P IEMPING TEDOV W ID	☐ DEFEIE	1 . T.TLF			Change Addition
NAME STREET ADDRESS	JENKINS, TERRY W JR 6841 W. WEDGEWOOD AVE		1.2 NAME			
City+St-Zip	DAVIE FL 33331		1.3 STREET ADDRESS	<u> </u>		
TITLE	<b>₩</b>	DELETE	2 1 TITLE			Change C Addition
NAME	-LEWIS, CAROL.		2.2 NAME			Change 🗌 Addition
STREET ADDRESS	8841 W. WEDGEWOOD AVE		2.3 STREET ADORESS			
CiTY-ST-ZIP	DAVIE FL 33331	· ·	2.4 C/1 Y - ST - ZIP			
TITLE NAME		☐ DELETE	3 1 THILE			Change Addition
STREET ADDRESS			3.2 NAME			
CITY-ST-ZIP			3.3 \$1HEFT ADDRESS			
TITLE		DELETE	3 4 CITY - ST - ZIP 4. 1 TITLE			Tonana FT +449
NAMÉ	:		4.2 NAME		l	Change
STREET ADDRESS			4.3 STREET ADDRESS			
CHTY - ST - ZIP			4.4 C(TY - \$1 - 7)P			İ
T:TLF		☐ DELFTE	5 1 TITLE			Change Addition
VAME			5.2 NAME		•	
STREET ADDRESS			5 3 STREET ADDRESS			
DITY-ST-ZIP FITLE		Florers	5.4 CITY - S' - ZIP			
IAME		DELFTE	6 1 TiTLE		1	Change Addition
STREET ADDRESS			6.2 NAME			
CiTY-\$1-ZiP			6.3 STREET ADDRESS			
4. Ldo hereby	certify that the information supplied wit the information indicated on this annual	n this filing is voluntarily for	■ 64 CPTY - ST - ZPP hished and does not gr.	I alify for the exemption stated in So	ction 110 07/2014 Fin	rida Ctalutas 15 ati-
oath: that I	the information indicated on this annual am an officer or director of the corpora Block 12 or Block 13 if changed, or on	tion on the recoil on or to the	oa ropo els ride anu a	ocurate and that my signature shall te this report as required by Chapt	have the same legal er 607, Florida Statut	effect as if made under es; and that my name