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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000014752 (7)

Principal Place of Business Mailing Address 2701 VILLAGE BLVD. SUITE 106 WEST PALM BEACH FL 33409 Mailing Address 2701 VILLAGE BLVD. SUITE 106 WEST PALM BEACH FL 33409							
					 Date Incorporated or Qualified 02/23/1994 		e of Last Report
2. Principal F 21	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number		9/27/1995
Suite, Apt.	# etc	26	<u></u>		65-0469381		Applied For Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional
City & Stat	e	City & State					Fee Required
23		28			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be
Zip 24	Country	Zip	Counti	у	8. This corporation has liability for	intanoible t	Added to Fees
-7]	25 9. Name and Address of Curi	ent Registered Agent	30		Florida Statutes X Yes	. □ No	
		ent negistered Agent	8.	T.,	10. Name and Address of New F	legistered	Agent
STEDMA	AN, KAREN E C.P.A.		[*				
	CA BLVD.		82	Street Ad	dress (P.O. Box Number is Not Acceptat	ole)	
SUITE 3	101		83				
PALM B	EACH GARDENS FL 33410						
			84	/		FL	85 Zip Code
or register familiar wit	to the provisions of Sections 607,05 ed agent, or both, in the State of Flo th, and accept the obligations of Se	02 and 607.1508, Florida Staturida. Such change was authori	rles, the above- ized by the corp	named corpo poration's bo	oration submits this statement for the pur ard of directors. I hereby accept the appe	pose of cha	inging its registered office
SIGNATURE .		ction 607.0305, Florida Statute	15 .		The second and apple	MILLION COS	registered agent. I am
	Signature, typed or printed name of registered ago		O1E Registered Age	nt signature requir	ed when revisional		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	DATE CEDS AND	DIRECTOROUNTS
IAME	D	☐ DELETE	1 1 TITLE		13.07,3.11,02.0.10,0171		Change Addition
TREET ADDRESS	MILLS, GEORGIA		1.2 NAME			_	nation
ITY-ST-ZIP	2701 VILLAGE BLVD., SUITE WEST PALM BEACH FL 334	: 106	1.3 STREET	ADDRESS			
ITLE	MEST TALM BEACTIFE 334	DELETE DELETE	1.4 CITY - S	T-ZIP			
AΜξ			2. 1 THLE				Change Addition
TREET ADDRESS			2 2 NAME				
ITY-ST-ZIP			2.3 STREET	1			
1LE		☐ DELETE	2.4 CITY - S 3 1 TITLE	I - ZIP			
AME			3.2 NAME				Change
REET ADDRESS	•		3.3 STREET	ADDRESS			
TY-ST-ZIP			3.4 CITY - \$1				
ILE		☐ DELETE	4. 1 TITLE				Change
IME	 . \		4.2 NAME	- 1		ب ب	Addition
REET ADDRESS TY-ST-ZIP			4 3 STREET	ADDRESS			
LE		E prime	4.4 C/TY-ST	- ZIP			
ME		☐ DELETE	S. 1 TITLE	ļ			Change Addition
REET ADDRESS			5.2 NAME				_
Y-ST-ZIP			5.3 STREET A				
LE		[] DELETE	5 4 CITY - ST 6 1 TITLE	ZIP			
ME			6.2 NAME				Change
EET ADORFSS			6.3 STREET A	naress			
Y - ST - 21P							İ
certify that the oath; that I a appears in 8	ceruly that the information supplied we information indicated on this annum an officer or director of the corporation and the corporation of the corporation and the corporation are set of the corporation are set of the corporation and the corporation are set of the corporation are set of the corporation and the corporation are set of the corporation are set of the corporation are set of the corporation and the corporation are set of the corporation and the corporation are set	vith this filing is voluntarily furnis al report or supplemental annu ration or the receiver or trustee			or the exemption stated in Section 119.07 to and that my signature shall have the sa treport as required by Chapter 607, Floric	(3)(k), Florid me legal eff	a Statutes. I further ect as if made under

SIGNATURE: