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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

•	1996	DiVI	SION OF CORPORA	NIONS			
DOCUN	MENT # P94	00002446	5 (4)				
ASSO	CIATION SPRINKLER, II	NC.			1 1881/1881 AND AREA (ni Banu Banu kate diden bi	nië Gitle Diti 186
Principal Place of Business 1500 WEST SAMPLE ROAD SUITE 1176 POMPANO BEACH FL 33064		Mailing Address	3			13 WBPH WBHW 71811 WIBH 41	BEO DEIDI DIN HON
		1500 WEST SAMPLE ROAD SUITE 1176 POMPANO BEACH FL 33064					
1 Own Miles	DENOTITE MANY	I OMI DISO	DEROTTE SOUT		3. Date Incorporated or Qualified 04/01/1994	3a. Date of Last R 05/01/19	
Principal Place of Business		2a. Mailing Add	2a. Mailing Address		4. FEI Number		Applied For
<u> </u>		26			65-0500251		Vot Applicable
Suite, Apt. #, etc.		Suite, Apt. (Suite, Apt. #, etc. [27]		5. Certificate of Status Desired		Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zι¢)	Coun	ntry	8. This corporation has liability for in	ntangible tax under s	199.032,
	25	29	30		Florida Statutes Yes		
	9. Name and Address of Cu	rrent Registered Agent		041	10. Name and Address of New Re	egistered Agent	
			[1	81 Name			
	L, LINDA W		1	82 Street Add	ress (P.O. Box Number is Not Acceptable	e)	
	VEST SAMPLE ROAD		ļ.	83			
SUITE				63			
PUMPA	NO BEACH FL 33064		1	84 City		85 Zij) Code
	Signature, typed or printed name of registring	ajesta diffectappisare		Agent signisticke recepcio	rd of directors. Thereby accept the appo		ergis/it i tairi
Z	Orricena	AND DIRECTORS	13.		al who inscribing	CKAT #	
r'LF	DPST CINESA W	rm cc			ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	
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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 accurate report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trusted 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

64 CHY SEZIP

Domaid

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

X 04-30-94-800-505-2939