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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

Principal Place 7210 CODY		Mailing Address 7210 CODY ST	REET		
				3. Date incorporated or Qualified 3a. Date of Last Rep 04/06/1994 04/27/19	•
2. Principal Pla	ace of Business	2a. Mailing Address	3		pplied For
1		26			lot Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, et	tc.		Additional equired
City & State)	City & State			May Be
3		28		40.00	May Be to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s 1	····
4	9. Name and Address of Curr	29	30	Fiorida Statutes Yes No	
	9, Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registered Agent	
LICC! C	D NAMOV D			·	
HEFLER, NANCY R 7210 CODY STREET HOLLYWOOD FL 33024			82 Street	Address (P.O. Box Number is Not Acceptable)	
			83		
			84 City		
			' '	orporation submits this statement for the purpose of changing its reg	Code
rammar wit		ection 607 0505, Florida Sta	monzed by the corporation s	board of directors. I hereby accept the appointment as registered a	agent. I am
Tamiliar Witi SIGNATURE	Signature, typed or printed name of registered age	ection 607,0505, Florida Sta	(NOTE: Registered Agent signature	required when reinstating) DATE	agent. I am
SIGNATURE _	Signature, typed or printed name of registered ag-	oction 607.0505, Florida State ont and title if applicable. ND DIRECTORS	(NOTE: Registered Agent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	agent. I am
SIGNATURE	Signature: typed or printed name of registered ag OFFICERS A D	ection 607,0505, Florida Sta	(NOTE Registered Agent signature 13.	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	agent. I am
SIGNATURE	Signature, typed of printed name of registered ag OFFICERS A D BROCKSMITH, GARY L	oction 607.0505, Florida State ont and title if applicable. ND DIRECTORS	(NOTE Registered Agent signature 13. 1.1 TITLE 1.2 NAME	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	agent. I am
TAMHIAY WILL SIGNATURE SIZ. SITLE HAME STREET ADORESS	Signature: typed or printed name of registered ag OFFICERS A D	oction 607.0505, Florida State ont and title if applicable. ND DIRECTORS	NOTE Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	agent. I am
TAMHIAY WIELD SIGNATURE SITURE	Signature: typed or printed name of registered ap OFFICERS A D BROCKSMITH, GARY L 7210 CODY STREET	oction 607.0505, Florida State ont and title if applicable. ND DIRECTORS	PNOTE Registered Agent signature 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 City-ST-ZiP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Change	agent. I am
TAMHIAT WIELD SIGNATURE 2. ITLE AME TREE! ADDRESS ITY-S1-ZIP	Signature: typed or printed name of registered ap OFFICERS A D BROCKSMITH, GARY L 7210 CODY STREET	ool and tile if applicable. ND DIRECTORS DELETE	PVOTE Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Change	RS IN 12
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oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block

SIGNATURE:

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