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

| Principal Pla | JMENT # P94(DADWAY MANAGEMENT, II DICTION OF THE PROPERTY OF | Mailing Address | | | |
|-------------------------------|--|--|---|---|--|
| PEMBROKE PINES FL 33024 | | 9261 NW 14 COURT PEMBROKE PINES FL 33024 | | | |
| | | | | 3. Date incorporated or Qualified 04/12/1994 | , and rioport |
| 2. Principal | Place of Business | 2a. Maling Address | | 4. FEI Number | 05/01/1995 |
| Suite, Api | l. #, etc. | 26 | | 65-0488085 | Applied For Not Applicable |
| 22 | | 27 | | 5. Certificate of Status Desired | \$8.75 Additional |
| City & State | | Oity & State | <u></u> | 6. Election Campaign Financing | Fee Required |
| Zip | Country | 28 | ···- | Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 | 25 | Zip [29] | Country 30 | 8. This corporation has liability for | intangible tax under s 199 032 |
| | 9. Name and Address of Curre | nt Registered Agent | 1301 | Florida Statutes Yes 10. Name and Address of New I | s ∏No I |
| N IN | S, ANNE S | | 81 Name | To The die Modress of New I | Registered Agent |
| | to the provisions of Sections 607,050 red agent, or both, in the State of Flor ith, and accept the obligations of, Sec | 2 and 607.1508, Flonda Statut ida. Such change was authoriz tion 607.0505, Flonda Statutes | es, the above-named corpo ed by the corporation's boar | ration submits this statement for the pur rd of directors. I hereby accept the app | FL 85 Zip Code rpose of changing its registered office ointment as registered agent. Lan |
| SIGNATURE | Styriation typed or printed name of registrant signal | | | | |
| 12. | OFFICERS AN | D DIRECTORS | It Bogoduert Agent squature require | | DATE |
| NAME | D Duris, anne s | DELETE | 1 · TITLE | ADDITIONS/CHANGES TO OFF | Change Addition |
| STREET ADDRESS | 9261 NW 14 COURT | | 1.2 NAME | | Collarge L Aboliton |
| CITY - ST - ZIP | PEMBROKE PINES FL 3302 | 4 | 13 STREET ADDRESS | | |
| TITLE | D | DELETE | 2 1 TITLE | | 325 |
| NAME | DURIS, GUY R | | 2.2 NAME | | ☐ Change ☐ Addition ☐ |
| STREET ADDRESS CITY-ST-ZIP | 9261 NW 14 COURT PEMBROKE PINES FL 3302 | | 2.3 STREET ADDRESS | | 1 |
| TITLE | TEMONORE PINES PL 3302 | | 2.4.01TY+ST+ZIP | | } |
| NAME | | ☐ DELETE | 3 1 TITLE | | Change Addition |
| STREFT ADDRESS | | | 3.2 NAME | | _ , , |
| CITY - ST - ZIP | | | 3.3 STREET ADDRESS | | |
| TITLE | | DELETE | 3.4 CITY - ST - ZIP 4. 1 TITLE | | |
| NAME Oroset annual | | | 4.2 NAME | | Change Addition |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY - ST - ZIP TITLE | | | 4.4 CITY - ST - ZIP | | |
| NAME | | ☐ DEFELE | 5 1 THEF | | ☐ Change ☐ Addition |
| STREET ADORESS | | | 5.2 NAME | | C seeds C woodbild |
| CITY - ST - ZIP | | | 5 3 STREET ADDRESS | | ļ |
| TITLE | | DELETE | 5 4 CITY-ST-7IP | | _ |
| NAME | | [] better | 6 1 TITLE | | Change Addition |
| STREET ADDRESS | | | 6.2 NAME 6.3 STREET ADDRESS | | |
| CITY - ST - ZIP | certify that the information supplied with | | 6.4 CITY - S1 - 71P | | |

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if energed, or on an attachment with an address

SIGNATURE:

MATURE AND TYPED OR PRINTED NIME OF SIGNING OFFICER OR DIRECTOR

4/29/96 954-435-0582