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

PROFIT



FLORIDA DEPARTMENT OF STATE

	NNUAL REPORT 1996		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						
DOCU 1. Corporati GLO	JMENT # P	94000031 RoseARCH	800 IN	(CoRfold	ATED				
500 LAK	ce of Business LAKE AVE WORTH Place of Business	FL 33460				APRIL	porated or Qualified 27, (994	3a. Date of Las	t Report / 9 9 5
21		26 Mailin	ng Address			4. FEI Numbe			Applied For
Suite, Apt	. #, etc.		Apt. #, etc.			600 - 0	0494404	<u>-</u>	Not Applicable
22		27	POR PLOID.			5. Certificate	of Status Desired		75 Additional
City & Star	te	City 8	State				ampaign Financing Contribution	┌ \$5	.00 May Be
Zip	Countr	´		Country			ration has liability for in	Ad	ded to Fees
24	9. Name and Addre	29 29 ess of Current Registered A	30	D		Florida Sta	tutes 🗹 Yes	□ No	\$ 199.032,
	o. Haille alla Maure	iss or current negistered /	Agent			10. Name and	Address of New Re	gistered Agent	
				81 Nan	BERA	IARD	LIEBERI	MAN	
}				82 Stre	et Address	s (P.O. Box Nun	ber is Not Acceptable	9)	
•	•			ك و 83	00	LAKE	AVE	#146	
İ									
				84 City	AKE	WOR	TH	85	Zip Code 3 3 4 6 0
11. Pursuarit or register	to the provisions of Section to the provisions of Section to the s	ons 607,0502 and 607,1508, State of Florida. Such change tions of, Section 607,0505, F	Florida Statutes, th	e above-named	corporation	on submits this s	statement for the purp	FL Se of changing its	73460
familiar wi	th, and accept the obliga	itions of, Section 607,0505, F	e was authorized by Torida Statutes. 🍎	y the corporation	i's board o	of directors. I he	reby accept the appoi	ntment as register	ad agent. I am
SIGNATURE .	Climand,	Lieberman.	Bernard	Lieberr	TAN -	Presiden	, -	4/23/	96
12.		of registered agent and title if applicable PFICERS AND DIRECTORS	(NOTE: Re	gistered Agent signatu	re required wh			DATE	
TILE	PRESIDE	7	DELETE	13.		ADDITIONS	CHANGES TO OFFIC		
NAME	BERMARD	LIEBERMAN	•	1.2 NAME				☐ Change	☐ Addition
STREET ADDRESS	500 LAKE			1.3 STREET ADDRESS	أ				
CITY-ST-ZIP	LAUE WO	RIH FL 334	160	1.4 CITY - ST - ZIP	"				
TITLE			DELETE	2 1 TOTLE	 			Change	- Addition
NAME				2 2 NAME	1				☐ Addition
STREET ADDRESS				2 3 STREET ADDRESS	s				
CITY-ST-ZIP TITLE			7.05.575	24 CITY - ST - ZIP	<u> </u>				
NAME		L_] DELETE	3 1 TITLE	1			☐ Change	Addition
STREET ADDRESS				3.2 NAME					
CITY-ST-ZIP				3.3 STREET ADDRESS	S				
TITLE			DELETE	3.4 CiTY-ST-ZIP					
NAME				4.2 NAME	1			Change	☐ Addition
STREET ADDRESS			•	4.3 STREET ADDRESS					
CITY-ST-ZIP				4.4 CITY - ST - ZIP	Ì	- SQC	<u> </u>	1003	
TITLE			DELETE	5. 1 TITLE	 	-04/	100180 90/96 - 0105 90.00	2-005 Channe	Addition
NAME CHICL LEDGESS			•	5.2 NAME		***2	JU. UO		
STREET ADDRESS				5.3 STREET ADDRESS	1				
CITY-ST-ZIP			Dr. Cre	5.4 CITY - ST- ZIP	L				
NAME		i		6. 1 TITLE				☐ Change	☐ Addition
STREET ADDRESS			1	6 2 NAME	ł			32.011	

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 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 changed, or on an attachment with an address.

6 3 STREET ADDRESS

6.4 CITY - ST- ZIP

CITY-S*-ZIP

SIGNATURE: Benaul Tiebern Benaul Liebernan- President

407-964-5303 Daytine Phone: