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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham

Secretary of State

	1996		DIVISION OF	CORPOR	ATIO	NS 	· <del></del> -			
DOCUN 1. Corporation	MENT # <b>P940</b> 0	000319	12 (6	5)						
LAUDE	rdale by-the-sea mot	TEL, INC.					I LABORAGE THE LABORAGE AGENT A			A181 ((\$18 4) 8 4 5 5
Principal Place of Business		Mailing Add	Mailing Address				1 10 0 11 0 10 10 10 10 10 10 10 10 10 1		E HILBS HIBSB RI	810 f 110 f 0 1101 1011
4229 NORTH OCEAN DRIVE (A1A)		4229 NORTH OCEAN DRIVE (A1A)								
LAUDERDALE BY-THE-SEA FL 33308		LAUDERD	LAUDERDALE BY-THE-SEA FL 33308							
							Date Incorporated or Qualife     04/27/1994		ate of Last 02/06/19	•
2. Principal Pla	ace of Business	2a, Mailing	2a. Mailing Address				4. FEt Number		02/00/ II	Applied For
21		26	26				65-0258577			Not Applicable
Suite, Apt. #	I, etc.	F* 1	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additional
City & State			Cty & State				6. Election Campaign Financing			e Required  OO May Be
23		28					Trust Fund Contribution			ded to Fees
Zφ	Country	Zφ		Cou	intry				tax under	s 199.032,
24 25 25 9. Name and Address of Curre			29 30				Florida Statutes Yes No 10, Name and Address of New Registered Agent			
	g, Nume and Address of Curr	ent neglistered Ag		- •	81	Name	10, Marile and Address & Nev	Negistere	o Agein	T
ZYCH, J	OHN	A 1 1	11/2		82	Circol Ad	dress ( D. Box Number is Not Accep	table)		
4229 NO	PRTH OCEAN DRIVE (A1A)			,	OZ.	SHOOL ACC	tiress (1 s.v. Box hamber is not Accept			
LAUDER	DALE BY-THE-SEA FL 33308				83					
					84	City			85	Zip Code
or registere familiar with SiGNATURE	o the provisions of sections 607,050 agent, or both, in the State of Flicin, and accept the obligations of, Se	orida Such change ction 607.0505, Flo	was authoriz rida Statutes	red by the c i.	corpo	iration's bo	oration submits this statement for the part of directors. Thereby accept the a	purpose of c	manging its as registere	s registered office ad agent. I am
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO C	FFICERS AI	ND DIRECT	FORS IN 12
TIBLE	0		] DELETE	1, 1 ]					Change	e Addition
NAME	ZYCH, JOHN	F (848)			1.3 STREET ADDRESS 1.4 CITY-ST-7/P					
STREET ADDRESS CITY-ST-ZIP	4229 NORTH OCEAN DRIVI LAUDERDALE BY-THE-SEA									
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NAME				2 2 NA	AME				_	_
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CITY - ST - ZIP				1	11Y - \$1					
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NAME				4.2 M	A.ME					
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CITY-\$1-ZIP				1	IIY-SI	j				
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NAME				6 2 NA	AME					
STREET AUDRESS				6.3.51	REFT 4	ADDRESS				

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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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receivor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if or inged, or on an all achiment with an address. 3-30-96 Provident SIGNATURE:

Daytinie Phone 10