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

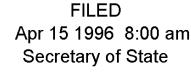
**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS



|   | UMENT # <b>P940C</b> aton Name FORM DEVELOPMENT COR                  |   | 5)   |   | ry of State   |  |
|---|--|---|--|---|---|--|
| 1   | ace of Business  | Mairing Address                             |  |   |   |  |
| P.O. BOX 9<br>BOCA RATO   | 970085<br>On FL 33497-0085   | P.O. BOX 970085<br>BOCA RATON FL 33497-0085 |  | *\  | *\  |  |
| 2. Principal (  | Place of Business  |   |  | 3. Date Incorporated or Qualified 04/28/1994  | d 3a. Date of Last Report 01/09/1996  |  |
| 21  | RICE OF DUSINESS   | 2a. Mailing Address                         |  | 4. FEI Numiber  |   |  |
| Suite, Apt  | t. #, etc.   | Suite, Apt. #, etc.                         |  | APPLIED FOR 65  | Applied For Not Applicable  |  |
| (1) (2) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4                        |  |   |  | 5. Certificate of Status Desired  | \$8.75 Additional   |  |
| City & Sta  | ite  | City & State                                |  | 6. Election Campaign Financing  | Fee Required  |  |
| 7 <sub>ID</sub>   | Country  | 28  |  | Trust Fund Contribution   | \$5.00 May Be   |  |
| 24  | 25   | Zip<br><b>29</b>                            | Couritry   | 8. This corporation has liability for   | Added to Fees   |  |
|   | 9. Name and Address of Currer  | ent Registered Agent                        | 30   | Florida Statutes Yes  | es ∏iNo   |  |
| ~   | Maria v  |   | 81 Nanie   | 10. Name and Address of New I   | Registered Agent  |  |
| SIGNATURE   |  |   | <b>3</b> .   | rporation submits this statement for the pur<br>poard of directors. Thereby accept the appo | FL 85 Zip Code  urpose of changing its registered office pointment as registered agent. Lam |  |
|   | Signature, typied or printed name of registered agent a OFFICERS AND | and title Lappinsable (NO)                  | DTE: Rigisteved Agent signature requ   |   | CATE  |  |
| TITLE   | D  | DELETE                                      | 13.  | ADDITIONS/CHANGES TO OFFI   | ICERS AND DIRECTORS IN 12   |  |
| NAM!  | THOM, MARIA V  |   | 123444   |   | Change Addition   |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | P.O. BOX 970085 N/A  |   | 1.3 STREET ADDRESS   | P.M. BOX 772741   | -   |  |
| TITLE   | BOCA RATON FL 33497-0085   |   | 1.4 CITY-SI-ZIP  | P.O. BOX 772741<br>CORAL SPRINGS, FL  | 33077   |  |
| NAME  | l .  | ☐ DELETE                                    |  | William Almilana II   | Change Addition   |  |
| STREET ADDRESS  | ı  |   | 2.2 NAME   |   | L1 origings L1 From Sir   |  |
| CITY - ST - 7IP   | l .  |   | 2.3 STREET ADDRESS   |   | 1   |  |
| ITLE  |  | DELETE                                      | 24 CHY-SI-ZIP<br>3 1 TITLE   |   |   |  |
| IAME  |  | <b>-</b>                                    | 3 2 NAME   |   | Change Addition   |  |
| TRUEL ADDRESS   |  |   | 33 STREET ADDRESS  |   |   |  |
| TY-SI-ZIP   |  |   | 3 4 CITY - ST - ZIP  |   |   |  |
| AME   |  | DELETE                                      | 4 1 TITLE  |   | Change  |  |
| IREET ADDRESS   |  |   | 4.2 NAME   |   | Change Addition   |  |
| 1   |  |   | - ,  |   |   |  |
| 77 - ST - 710   |  |   | 4.3 STREET ADDRESS   |   | 1   |  |
| 11.6  |  | TO DELETE                                   | 4 4 CITY - ST - ZIP  |   | 1   |  |
| TLE<br>AME  |  | ☐ DELETE                                    | 4 4 CITY-ST-ZIP<br>5 1 TITLE   |   | Change Addition   |  |
| THE AME   |  | ☐ DELETE                                    | 4 4 CITY-SI-ZIP<br>5 1 TITLE<br>5.2 NAME                                     |   | Change Addition   |  |
| TLE<br>IME<br>REFLADDRESS<br>TY-ST-ZIP  |  | DELETE                                      | 4 4 CITY-S1-ZIP<br>5 1 TITLE<br>5 2 NAME<br>5 3 STREET ADDRESS               |   | Change Addition   |  |
| TLE<br>AME<br>(REFT ADDRESS<br>TY-ST-ZIP<br>(LE                                   |  | ☐ DELETE                                    | 4 4 CITY-SI-ZIP<br>5 1 TITLE<br>5.2 NAME                                     |   |   |  |
| TLE  MME  REFT ADDRESS  TY+ST-ZIP  EE  ME   |  |   | 4 4 CITY-ST-ZIP 5 1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP        |   | Change Addition   |  |
| ITY-ST-ZIP  ILE  AME  IREEL ADDRESS  IY-ST-ZIP  ILE  MME  REEL ADDRESS  IY-ST-ZIP |  |   | 4 4 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 6 1 TITLE |   |   |  |

certify that the information indicated on this annual report or supplies and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE