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

1. Corporation N		OCIATES, P.A.			
Principal Place of Business SUITE 1200 1601 FORUM PLACE W. PALM BEACH FL 33401		Mailing Address SUITE 1200 1601 FORUM PLACE W. PALM BEACH FL 33401		a samman ein samm make danse datin danse beise labet anni datin della dilili dale ibbe	
				3. Date Incorporated or Qualified 05/12/1994	3a. Date of Last Report 03/31/1995
2. Principal Plac	e of Business	2a. Mailing Address 26		4. FEI Number 65-0492012	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Ζιρ 4	Country 25	Ζφ 29	Country 30	8. This corporation has liability for a Florida Statutes Yes	ntangible tax under s 199.032,
_ k	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		
ROSENWATER, BRUCE S SUITE 1200 1601 FORUM PLACE			82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)
			83		
W. PALM	BEACH FL 33401		84 City		[a=1 3: 0-d-
				ation submits this statement for the pur	FL 85 Zip Code
SIGNATURE. 12. THE	instructivities of printed raine of registered agen OFFICERS AN	It and title if a spilicable (NOTE) ID DIRECTORS	Registered Apent signature required	when renstating) ADDITIONS/CHANGES TO OFF	
NAME.	ROSENWATER, BRUCE S		1 1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	2440 METROCENTRE BLVD.		1.3 STREET ADDRESS		
C:1Y - S1 - ZiP	W. PALM BEACH FL 33407		1.4 City-St-ZiP		
Tille		☐ DELETE	2 1 TIT_E		Change Addition
NAME:			2.2 NAME		
STREET ADORESS			2.3 STREET ADDRESS		
CITY ST-ZIP		DELETE	2 4 C(TY - ST - Z(P		□ Channe □ Addition
LTLE NAME		F) nerest	3 1 TIT.6 3 2 NAME		Change Addition
SUBJECT ADDRESS			3.3 STREET ADDRESS		
City St Zir			3 4 CITY - ST - ZIP		
TILE		☐ DELETE	4. 1 T(T_E		Change Addition
NAMI			4.2 NAME		
STREET ADDRESS			4.3 SYREET ADDRESS		
CHY St Zift	· · · · · · · · · · · · · · · · · · ·	Florica	4.4 CITY - ST - ZIP		5
liite		☐ DELETE	5 1 TIT_E		Change Addition
NAM(STREET ADORESS			5.2 NAME		
CITY - ST - ZIP			5 3 STREET ADDRESS 5 4 CITY - ST - ZIP		
HILE		☐ DELETE	6. 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIF			6 4 CITY - ST- ZIP		
oerlify that the oath; that I a	ne information indicated on this ann	ual report or supplemental annual oration or the receiver or trustee	al report is true and accurate empowered to execute this	r the exemption stated in Section 119, e and that my signature shall have the report as required by Chapter 607, Fig.	same legal effect as if made under

Bruce & Rosenwater, Pres 3/7/96
ME OF BIGNING OFFICER OR DIRECTOR SIGNATURE: