	NOW: FILING FEE A			٦	
CORPO ANNUA	POFIT ORATION LL REPORT 996	Sandra B. Secretary	IMENT OF STATE Mortham y of State MPORATIONS		
DOCUM I. Corporation N	ENT # P9400	0037161 (4)		
Principal Place of	f Business	Mailing Address			
9606 N.W. 20TH PLACE Coral Springs fl 3306-5		9606 N.W. 28TH PLAC CORAL SPRINGS FL 3			
				3. Date Incorporated or Qualified 05/12/1994	3a. Date of Last Report 03/21/1995
2. Principal Place	e of Business	2a. Mailing Address 26		4. FEI Number 65-0488164	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 4	Country 25	Zip 29	Country 30	B. This corporation has liability for infection Florida Statutes	M No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
11. Pursuant to	springs FL 33065 the provisions of Sections 607.0502 and agent, or both, in the State of Florida, and accept the obligations of, Section	a. Such change was authorze	84 City s, the above-named corporation's board by the corporation's board.	ration submits this statement for the purp rd of directors. I hereby accept the appoi	FL 85 Zip Code ose of changing its registered office nament as registered agent. I am
SIGNATURE	tyriciture, typed or printed name of registered agent a		E: Registered Agent signature require	od when reinstating: ADDITIONS/CHANGES TO OFFIC	DATE (CORP. IN 12
12. TOLE	OFFICERS AND	DIRECTORS DELFTE	13. 1. 1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	ALBERTY, ROBERT 9606 N.W. 28TH PLACE CORAL SPRINGS FL 33065		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SI-2IP		DATE DERS AND D RECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS	SD Alberty, ana m 9606 n.w. 28th place	☐ DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	CORAL SPRINGS FL 33065	☐ DEFE1E	2.4 CITY-ST-ZIP 3. 1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME		☐ DEFELE	3.4 CHY+S1-ZIP 4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition
STHEET ADDRESS CITY - ST - ZIP TITLE		☐ DELETE	5.3 STREET ADDRESS 5.4 City-St-Zip 6.1 Title		Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-7IP	25-1-0-4-10	07/02/A Florida Statutos I further
14. I do hereb certify that	y certify that the information supplied the information indicated on this annuliam an officer or director of the corporablock 12 or Block 13 if changed, or or	ration or the receiver or truste	e empowered to execute t	for the exemption stated in Section 119, rate and that my signature shall have the his report as required by Chapter 607, FI	Ur(), IKK), From a Statutes. I further same legal effect as if made under prida Statutes; and that my name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

4/12/96 (954) 753-0377 Date Prone #