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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS					
DOCU 1. Corporation	MENT # P	9400004141	5 (8)		
	ORD HILL INCORPO	ORATED			
Principal Place		Mailing Address	3		II. 8914 6017 4186 11817 6189 1189 614 1
7770 W. OA Sunifise Fl	KLAND PARK BLVD., STE. : . 33351	303 7770 W. OAK Sunfise Fl	iland Park Blvd., Ste. 303 33351		
				 Date Incorporated or Qualified 06/02/1994 	3a. Date of Last Report 03/06/1995
2. Principal Plant	ace of Business	2a. Mailing Addr 26	ress	4. FEI Number	Applied For
Suite, Apt.	#, etc	Suite, Apt #	, etc.	65-0500618	Not Applicable \$8.75 Additional
City & State	3	27	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	Fee Required
3	· 	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zφ	Country	Zip	Country	8. This corporation has liability for	Added to Fees
4	9. Name and Address	29 Sof Current Registered Agent	30	Florida Statutes 🔲 Yes	i □ No
			81 Name	10. Name and Address of New I	Registered Agent
LAFFER			82 Street Add	tiress (P.O. Box Number is Not Acceptal	nle)
7770 W. SUNRISI	. Oakland Park blv: E Fl 33351	D., STE. 303	83	Tot 7000ptal	
001111101	L 1 L 00001		63	_	
			84 City		85 Zip Code
 Pursuant to or registere 	o the provisions of Sections ed agent, or both, in the St	s 607.0502 and 607.1508, Florid ate of Florida, Such change was	a Statutes, the above named corporation's boa	pration submits this statement for the pu and of directors. Thereby accept the app	rpose of changing its registered official
BIGNATURE .	ri, ariu accept the obligatiol	ns of, Section 607.0505, Florida :	Statutes.	the app	omtmerit as registereo agent. Fam
	Signature: typed or printed have of re	m =	(NOTE: Rug stered Agent signature recom	ed when reinstating	DATE
12. ITLE	D	ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
AME	HILL, SANFORD	_	1 1 TITLE 1 2 NAME		Change Addition
TREET ADDRESS	5820 N.W. 17TH PL	ACE, UNIT 308	13 STREET ADDRESS		
TLE	SUNRISE FL 33313	57 66 5	1.4 CITY - S1 - ZIP		
AME		DELF			☐ Change ☐ Addition
TREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
TY-ST ZIP			2.4 City - ST ZIP		
TLE KME		DELE	TE 3 1 TITLE	1941	Change Addition
TREET ADDRESS			3 2 NAME		
TY-ST-ZIP			3.3 STREET ADDRESS 3.4 CHY-ST-ZPP		
TLE		☐ DELE			☐ Change ☐ Addition
AME REET ADDRESS			4.2 NAME		V Lai
TY-ST-ZIP			4.3 STREET ADDRESS		
TLF		DEL F.	44 CITY - ST - ZIP IE 5 1 TITLE		Change Addition
ME			5 2 NAME		Change Addition
REET ADDRESS			5 3 STREET ADORESS		
Y - ST - ZIP LE		DELE	5 4 CITY - ST - ZIP 1E 6 1 TITLE		
ME			62 NAME		Change Addition
REET ADOKESS			6 3 STREET ADDRESS		
Y - ST - ZIP	Certify that the information	suppoliced with this 41 1-	6 4 CITY - S1 - 7IF		
certify that to	ne information indicated on man an officer or director of	supplied with this tring is voluntar this annual report or supplement the constration of the section	nly furnished and does not qualify fi tal annual report is true and accura	or the exemption stated in Section 119.0 to and that my signature shall have the	7(3)(k), Florida Statutes. I further same legal effect as if made under
appears in E	Block 12 or Block 130 fichar	the corporation or the receiver or nged, or on an attachment with a	trustee empowered to execute this right address.	te and that my signature shall have the s s report as required by Chapter 607, Flo	rida Statutes; and that my name
IGNATL	IDE. SOM	6-121:00		5/1/96 <i>(95</i>	.
1120177				5/1/0 <i>c / or</i>	11/0/ 01-