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 DOCUMENT #

P94000045065 (7)

rincipal Place	SON ST	Mailing Address 3916 MADISON ST			
HOLLYWOO US	DD HILLS FL 33021	HOLLYWOOD HILLS US	FL 33021	3. Date Incorporated or Qualified	3a. Date of Last Report
				06/16/1994	04/18/1995
]	ice of Business	2a. Mailing Address 26	***	4. FEI Number 65-0503698	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	This corporation has liability for inference Florida Statutes	□No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent
			.B1 Name		
HELT,	SALLEY J		32 Street Add	ress (P.O. Box Number is Not Acceptable	
	MADISON ST		B3		
HOLLY	WOOD FL 33021		P3		
			4 City		85 Zip Code
1 Purcuant to	o the provisions of Sections 607.050	2 and 607 1508. Florida Statute	s the ah	ration submits this statement for the purpo	FL 85 2.10 Code
or registere familiar with IGNATURE	ed agent, or both, in the State of Ho h, and accept the obligations of, Sec	rida. Such change was authorization 607.0505, Florida Statutes	ed by the (poration's boa	ird or directors. I nereby accept the appoir	tment as registered agent. I am
	Signature, typed or printed name of registered age	nt and little if applicable. (NO ND DIRECTORS	TE Registere cent signature require		DATE
Z. TLE	DP OFFICERS AF	DELETE	1.1 £	ADDITIONS/CHANGES TO OFFICE	
AME	HELT, SALLY J		1.2 6		☐ Change ☐ Addition
TREE ADDRESS	3916 MADISON ST		1.3 SEET ADDRESS		
TY-ST-ZIP	HOLLYWOOD FL 33021		1.4 C - ST-ZIP		
TLF		☐ DELETE	2 1		Change Addition
AME			22N:		
TREET ADDRESS			23 S ET ADDRESS		
1Y - S1 - ZIP		DELETE	2.4 CI-ST-2IP		
ITLE		☐ refere	3.1 T.E 3.2 N.€		Change Addition
AME			3.3 SEET ADDRESS		
TREET ADDRESS			3.4 CF ST-ZIP		
ITY-ST-ZIP ITLE		DELETE	4. 1 TE		Change Addition
AME			, 42 NE		T through
TREET ADDRESS			4.3 SET ADDRESS		
ITY-ST-ZIP		Arrive Par	4.4 CI ST - ZIP		
ITLE		DELETE	5. 1 Ti		Change Addition
IAME			5 2 N		
TREET ADDRESS			5 3 S T ADDRESS		
ITY-ST-ZIP ITLE		☐ DELETE	54 CIST-ZIP		C) Change C) 4 100
IAMÉ			6.2 N		Change Addition
STREET ADDRESS			6.3 ST ADDRESS		
CITY - ST - ZIP			6.4 COT- ZIP		
A Lala Lands	y certify that the information supplied	d with this filing is voluntarily furn	nished and s not qualify to	r the exemption stated in Section 119.07(B)(k), Florida Statutes. I further
certify that	t the information indicated on this an Lam an officer or director of the Cori	nual report or supplemental am poration or the receiver or truste	idal report pe and accurati le empowelto execute this	e and that my signature shall have the san report as required by Chapter 607, Florida	
appears in	Block 12 or Block 13 if changed, o	r on an attachment with an add	ress.	. , , , , , , , , , , , , , , , , , , ,	- 7C
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