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

P94000045162 (2) DOCUMENT # 1. Corporation Name

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Principal Place of	f Business	Ma	ding Address				1 thattalat the same and a game or				
1401 S.W. BTH		,	561 SW 126 TERR								
POMPANO BE			FT LAUDERDALE FL	33325							
		,	US				3. Date Incorporated or Qualified 06/16/1994	3a. Date		t Report 1995	
							4. FEI Number		101	Applied F	or
2. Principal Plac	e of Business	- H- 10	Mailing Address				65-0505233		<u> </u>	Not Apple	
		26	C to Ast # ots						\$8.	75 Addition	
Suite, Apt. #,	etc.	27	Suite, Apt #, etc.				5. Certificate of Status Desired		F	ee Required	
City & State			City & State				6. Election Campaign Financing			.00 May B	
23		28					Trust Fund Contribution	_		ded to Fees	
Zφ	Country		Zip	Cou	ntry		8. This corporation has liability for Florida Statutes 🔀 Ye.	riintangible ta s	ix unae	31 \$ 199.032	
4	25	29		30	r		10. Name and Address of New		Agent		
	9. Name and Address of Current	t Regis	tered Agent		81	Name	tu. Hame die receive				
						<u> </u>	ress (P.O. Box Number is Not Accepta	iblei			
SCHORE	r, stephen a esq. Andrews ave., suite 400				82	Street Add	iress (F.O. Box Number is Not Pascepto				
2101 N.	DERDALE FL 33311				83						
FI. LAUI	DENDALE PL 33311				84	City			85	Zip Code	
					i i	1 '	oration submits this statement for the pard of directors. Thereby accept the ap	FL	_ !		
SIGNATURE	Signature appeal or product national of reductional agent OFFICERS AND		CTORS	13.		r	ADDITIONS/CHANGES TO OF	FICERS AN	D DIFLE	CTORS IN 1	i <u>2</u> ddition
THILE	PO		[] DELETE		MAME						
NAME	TIEDEMANN, HERBERT 561 SW 126 TERR			1		F ADORESS					
STREET ADDRESS	FT LAUDERDALE FL 33325					S1-ZIP					
CITY-ST-ZIP TITLE	VPO		DELETE		TRUE				Ch:	ange 🔲 As	ddition
NAME	MALONEY, FRANCES DIANE	E		22	NAME	:					
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STREET ADDRESS	1			1		l l					
City of 7.0				6	4 CiT	r SI-ZIP				Statutos I fo	water or

SIGNATURE: //

4 Tiller MANN KERBERT LEDENIANN LATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplies with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation or the receiver or trusted enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (12/95)