## 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			P940 INSULTING, II		046766 (	9)								
Principal Place of Business Mailing Address										- I CODESEDE UTO COUNTAPOL COUNTAPOL		ILE BEREIN BOUL	LOGAR BUND BUN 1981	
7000 W. PALMETTO PARK RD. Suite 502 Boca Raton Fl 33433					7000 W. PALMETTO PARK RD. Suite 502 Boca Raton Fl 33433			3. Date Incorporated or Qualified	3a. (	Date of Las	st Benort			
2. Principal Place of Business										06/20/1994		07/03/		
21 Throipart 2	ace of busin	688			2a, Mailing Address 26					4. FEI Number	<b>!</b>	Ĺ	Applied For	
Suite, Apt. #, etc.					Suite, Apt. #, etc.								Not Applicable	
22			2	27					5. Certificate of Status Desired			75 Additional se Required		
City & State	e			City & State					6. Election Campaign Financing			.00 May Be		
Zip					28					Trust Fund Contribution		Ac	ided to Fees	
24				Zip 30			Count	ry		B. This corporation has liability for i		e tax unde	rs 199.032,	
	9, Name		Address of Curr	ent Reg	gistered Agent		<u>   </u>	_		Florida Statutes Yes  10. Name and Address of New R				
							8	1	Name	IV. Name and Address of New H	egister	ed Agent	<del></del>	
	stein, Ira						8	+	Ctroot Addres	ss (P.O. Box Number is Not Acceptable				
	7000 W PALMETTO PARK RD.								Street Addres	ss (F.O. box number is not acceptable	e)			
	SUITE 502						83						-	
BOCA RATON FL 33433							8	4	City			B5 Zip Code		
11. Pursuant to	o the provisi	ons (	of Sactions BOZ 050	02 and I	907 1609 Florido Ctat	4		1	•		F			
or registere	ed agent, or	both	in the State of Flo	orida. Su	ch change was authori	ites, t ized t	he above by the cor	-na po	amed corporat vation's board	ion submits this statement for the purp of directors. I hereby accept the appo	ose of	changing it	s registered office	
SIGNATURE Q		<i>J</i> C 11 R	ognigations (it, ser	Clion 60	1005, Florida Statute	<del>3</del> S.				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			oo agont ram	
	Signature, typed	or prin	eo name of legistered age	ent and title	if applicable (N	NOTE: F	egistered Ag	ent :	signature required v	deg reinstating)		2014	6	
12.			OFFICERS A	ND DIRI	ECTORS		13.			ADDITIONS/CHANGES TO OFFIC	DERS A	ND DIREC	TORS IN 12	
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NAME STREET ADDRESS			n, ind .METTO PK RD	4500	1600			1.2 NAME						
CITY-S1-ZIP	BOCA F	ATC	ON FL 33433					1.3 STREET ADDRESS						
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NAME					I							Chang	e 🔲 Addition	
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CITY-ST-ZIP							2.4 CiTY-		1					
TITLE					☐ DELETE		3 1 7/TLE	_				Change	Addition	
NAME STUCK F ADDRESS							3.2 NAME					<b>*</b>		
STREET ADDRESS						Ì	3.3. STREE							
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NAME					[] ptreit	,	4. 1 TITLE					Change	Addition	
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CITY-ST-ZIP							4.3 STREE							
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NAME							5.2 NAME						Addition	
STREET ADDRESS							5.3 STREET	ΑD	DDRESS					
CITY-ST-ZIP	·				F		5.4 CITY-5	1 - 2	2IP				į	
TITLE NAME					☐ DELETE		6. 1 TITLE		]			☐ Change	☐ Addition	
STREET ADDRESS							6.2 NAME							
C!TY-ST-ZIP							6.3 STREET		I					
14. Ldo hereby	certify that the	ne,in	formation supplied	with this	s filing is voluntarily furn	nished	6.4 CITY - S			he exemption stated in Section 119.07 and that my signature shall have the se				

oration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name on an attachment with an address. oath; that I am an officer or director of the appears in Block 12 or Block 13 if change

**SIGNATURE** 

PRINTED NAME OF SICURNG OFFICER OR DIRECTOR