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

P94000048391 (4)

DOCUMENT #

ALWAYS AVAILABLE INC.

DETINI	O NYNILA	TOLL IIIO									
Principal Place of	Business		М.	ailing Address					8070 ABIHI 9611		***** *********************************
6436 SW 21 STREET MIRAMAR FL 33023 US				6436 SW 21 STREET MIRAMAR FL 33023 US							
							3. Date incorporated or Qualified 06/15/1994	3a. Dat	of Last Re 07/07/1		
Principal Place of Business				2a. Mailing Address 6				05 0504050			Applied For Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State				Orty & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country 24 25			29	Zip Country 30				 This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes ☐ No 			
	9. Name a	nd Address of Curr	ent Regis	stered Agent		,		10. Name and Address of New I	Registered	Agent	
						81	Name				
KERRIGAN, KEVIN					i	82 Street Address (P.O. Box Number is Not Acceptable)					
6436 NW 21 STREET MIRAMAR FL 33023						83					
				84 City			City		FI	85 Zo	p Code
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TITLE	_	KERRIGAN, KEVIN				1.2 NAME					_
NAME ONECT ADDRESS		W 21 STREET					T ADDRESS				
STREET ADDRESS		AR FL 33023					ST-ZIP				
CITY-ST-ZIP TITLE				DELETE						Change Addition	
NAME				_	22 N	AME					
STREET ADDRESS					23S	CHEC	r address				
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OTHER PROPERTY					540	ntv.	S1 - 7iP				

14. I do hereby certify that the information supplied with his filing 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 oath, that I am an officer or director of the corporation or the receiver or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

6 1 TIFLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STONATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

DELF TE

9-24-96 954-9897767

☐ Change

Addition