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

4/L4/96 (407)998-7773

1996

SIGNATURE:

DOCUMENT # P9400060903 (9)

EACTMAN	REYNOLDS	REAL	ECTATE	INC
CASIMAN	DETINULUS.	DEAL	EOINIE.	HAC.

Principal Place of Business Making Address				 	
2 EAST CAMIN		2 EAST CAMINO REAL			
117		117			
BOCA RATON FL 33432 US		BOCA RATON FL 33432 US		3. Date Incorporated or Qualified 08/15/1994	3a. Date of Last Report 01/18/1995
2. Principal Plac		2a. Mailing Address		4. FEI Number	Applied For
	CORPORATE BLUD.	- +	orate blva	65-0512933	Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
2 102 City & State		27 10 2 City & State		6. Election Campaign Financing	\$5.00 May Be
	I RATON, FL		ON, FL	Trust Fund Contribution	Added to Fees
Zip	Country	Žip	Country	8. This corporation has liability for i	
4 334	31 25 U.S.	29 33431	30 U-S.	Florida Statutes 🔲 Yes	No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
	į		81 Name A	LOCKT H. KOC	CHER
	H. KOCHER,		82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
	CAMINO REAL		83	201 CORPORATE	BLVD.
BOCA RA	NTON FL 33432		83 5	UITE 102	
•		i	84 City Box	1	85 Zip Code
44 6	607.0500	COZ 45CO - Evalua Chab 4a		ration submits this statement for the pur	TL 33431
or registere	of the provisions of socions correctly of fload ed agent, or both, in the State of Fload h, and accept the obligations of, Section	u. Such change was authorize	d by the corporation's boa	rd of directors. Thereby accept the appr	ointment as registered agent. I am
SIGNATURE	Suppress, type comprehens the other street days of a	potote tanak aine (feti	F. Bagostea d'Agrod septablicates par	digitary topy of their	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	IÇERS AND DIRECTORS IN 12
TITLE	D	☐ DFLETE	1 1 Table		☐ Change ☐ Addition
NAME	FONDEUR, RUTH E		1.2 NAME		
STREET ADDRESS	7613 MARBELLA TERRACE		1.3 STREET ADDRESS		
CITY ST ZIP	BOCA RATON FL 33433		14 O(T+-ST-ZP	. ,	
TOTLE	D	☐ DELETE	2 1 11 ¹ LE		Change Addition
NAME	KOCHER, ALBERT H		2.2 NAME		
STREET ADDRESS	2 EAST CAMINO REAL, STE.	117	2.3 STHILET AUDRESS 2	BOCH RATON FL	BLYD. SUITE 102
CITY-ST-ZIP	BOCA RATON FL 33433		2.4 CiTY - ST - ZiP	BOCK RATON FL	- 9343 [
TITLE		DELETE	3 1 HTLE		Change Addition
NAME			3.2 NAME		
STREE1 ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4 CITY - ST - ZIP 4.1 TITLE		Change Addition
TITLE		baccia	4 2 NAME		_ average _ vacation
NAME expect apposes			4.3 STREET ADDRESS		
STREET ADDRESS			4 4 Cify - St - ZiP	40000180	าตอวน
CITY-ST-ZIP TITLE		DELETE	5 1 TiTLE	-05702796011]73)]2 €Change
NAME		_	5.2 NAME	***200.00	101
STREET ADDRESS			53 STREET ADDRESS		10101
CITY - ST - ZIP			5.4 City - \$1 - ZiP		/ 101
TITLE		DELETE	6 1 THEF		Change Addition
NAME			6.2 NAME		J1 1/2
STREET ADDRESS			6.3 STREET ACORESS		\'
CITY-ST-ZIP			6.4 CiTy - ST - ZIP		<u> </u>
certify that oath, that l	the information indicated on the goal	ial report or supplemental annu ration or the receiver or trustee	ial report is true and accura empowered to execute th	for the exemption stated in Section 119 ate and that my signature shall have the his report as required by Chapter 607, Fl	same legal effect as if made under orida Statutes; and that my name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR