## 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

P94000062068 (9)

DOCUMENT # 1. Corporation Name

UAY	SAIL LEA	SING	3 COMPANY										
Principa! Place of Business Mailing Address  P.O. BOX 21592  FORT LAUDERDALE FL 33335  Mailing Address  P.O. BOX 21592  FORT LAUDERDALE FL 33335							. 33335						, , , , , , , , , , , , , , , , , , ,
										3. Date Incorporated or Qualified 08/23/1994	3a. Date	05/01/1	995
2. Principal Place of Business					2a. Mailing Address				1	4. FEI Number 65-05 15 185		<u> </u>	Applied For
21					Suite Act # etc				$\rightarrow$	00 00 10 100			Not Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required
Crty & State					City & State					6. Election Campaign Financing			O May Be
23				28	28					Trust Fund Contribution			d to Fees
Z <sub>I</sub> p	Country				Zip Cou					8. This corporation has liability for intangible tax under s 199.03  Florida Statutes Yes No			199.032,
24	o Nome	25	Address of Curre	29   st Basis	torod Apont	[30]	1			Florida Statutes Yes  D. Name and Address of New F		Acent	
	9, Name	anu	tadress of Carre	ait negis	tered Agent		B1	Name		U. Name and Address of New P	ogiste en	vA <sub>eur</sub>	
WALDE	ERA, CHR	STOF	HER B							/0.0 B N 1 : : Al . A	1-1		
1225 SE 2ND AVE.							82	Street Ad	ddress	(P.O. Box Number is Not Acceptat	ile)		
FT. LA	UDERDAL	E FL	33316				83			<del></del>		·	
							84	City			Pat	85 Zi	p Code
44 0	_ Al		C	20 000 00	7 1500 Florido Ca	at doc the of			o o rotio	n submits this statement for the pu	FL	opoino ito e	registered office
or registere	ed agent, or	both.	in the State of Flo	rida. Sucl	n change was auth 0505, Florida State	orized by the	corp	oration's bo	oard of	f directors. I hereby accept the app	ointment as	registered	l agent. I am
SIGNATURE _									<b></b>				
	Signature typed	or printe	d name of registered age OFFICERS AI			(NOTE: Register		nt signature requ	uired whe	ADDITIONS/CHANGES TO OFF	DATE	DIDECTO	NPS IN 12
12.	PD		OFFICERS AI	ND DIREC	DELETE		TITLE			ADDITIONS/CHANGES TO OFF		Change	Addition
NAME	GEDO	DES, I	.ILA M				NAME				•		_
STREET ADDRESS		_	ESTONE					ADDRESS					
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TITLE	VS		014010700145		DELETE	2 1	TITLE					Change	☐ Addition
NAMÉ			CHRISTOPHER	4 13		. 22	NAME						
STREET ADDRESS			nd avenue Derdale fl 3:	2216		23	STREET	ADDRESS					
CITY - S1 - ZIP	roni	LAU	DENDALE PL S	3310			CHY-S	ST-ZIP					
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CITY-ST-ZIP TITLE	-				T) DELETE		CITY-S	51-211				Change	Addition
NAME							NAME				'		
STREET ADDRESS								r address					
DITY-ST-ZIP							CITY-S						
TITLE					DELETE		TITLE					Change	☐ Addition
NAME						5.2	NAME						
STREET ADDRESS						5.3	STREE	r address					ļ
CITY-ST-ZIP	[					. 54	CITY-S	ST-ZIP					
Trile					DELETE	6	TITLE			· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME						6.2	NAME						
STREET ADDRESS						6.3	STREE	TADORESS					
CITY-S1-ZIP	l					6.4	CITY-	ST-ZIP					

14. I do hereby certify that the information supplied with this 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 empowered 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.

SIGNATURE: