	E NOW: FILING FEE	AFTER MAY 1 IS	S \$225.00	_	
COR	PROFIT CORPORATION ANNUAL REPORT 1996 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		3. Mortham ry of State		
 1. Corporation 	MENT # 1940000 Penter's Dr		AC .		
	of Business NW 34th Street whill, FL. 33319	Mailing Address S Ame		27. 10 4 .	
2. Principal Pl	ace of Business	2a. Mailing Address		3. Date Incorporated or Qualified 9-9-94 4. FEI Number	3a. Date of Last Report 5-/- 95
21 7368	NW 34th Street	26 7368 NW	34th Street	65-0516015	Applied For Not Applicable
Suite, Apt. :		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
***************************************	eshill, Fl.	City & State 28 Lander hill	, FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
^{Zip} 33;	319 25 BROWARD	Zip 29 33319	30 BROWAND		intangible tax under s 199.032,
700	9. Name and Address of Current NO CARPENTER	Registered Agent	81 Name	10. Name and Address of New I	Registered Agent
- · · · · · · · · · · · · · · · · · · ·				ess (P.O. Box Number is Not Acceptate	ole)
	derhill, Fl 332		83		
		•	84 City		85 Zip Code
11. Pursuant to	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida	nd 607.1508, Florida Statutes	, the above-named corpora	ition submits this statement for the pu	rpose of changing its registered office
familiar wit	od agent, or both, in the State of Florida th, and accept the obligations of, Section	1 607.0505, Florida Statutes.	by the corporation's board	of directors. Thereby accept the app	ointment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent an	the same of the sa	Registered Agent signature required		DATE
TITLE	President OFFICERS AND I	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF	Change Addition
NAME OVEREST ADDRESS	David CARpenter 7368 AW 34th St.		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	CaudeRhid, FL. 3	3 <i>319</i>	1.3 STREET ADDRESS		EQ.
TITLE	/ / /	DELETE	1.4 CITY-ST-ZIP 2 1 TIJLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS CITY-ST-ZIP			2.3 STREFT ADDRESS		
TITLE		DELETE	24 CHY+ST-ZIP 3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3. STREET ADDRESS		
TITLE		DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP THLE	T V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE	6 1 TITLE	40000189	55744
NAME			6.2 NAME	400001 8 9 -06/07/96010	173044 Addition
STREET ADDRESS			6 3 STREET ADDRESS	***200.00	ر ار ال
14. I do hereby	r certify that the information supplied with	this filing is voluntarily furnish	64 CITY-ST-ZIP	the exemption stated in Carray 110	JZ
oath; that I	the information indicated on this annual am an officer or director of the corporat Block 12 or Block 13 if changed, or on a	on or the receiver or trueton of	monthered to expect to this	and exemption stated in Section 119.9 and that my signature shall have the report as required by Chapter 607, Fig.	идэдку, Fiorida Statutes. I further same legal effect as if made under orida Statutes; and that my name
	11-0	A state intention with an abdress	s.		
SIGNAT	URE: ASWAN F. C SIGNATURE AND TYPED OR PR	INTERNAL OF SIGNING OFFICER OF	Deliver	May 1,19	196 (454)-572-4586