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

P94000067868 (7) **DOCUMENT #** 1. Corporation Name

Principal Place 3685 N US FT PIERCE US	1	Mailing Address 18761 CARBO TERRAC UNIT 3 BOCA RATON FL 3349 US			fied 3a. Date of Last Report
				3. Date incorporated or Qualif 09/15/1994	ied 3a. Date of Last Report 05/01/1995
 Principal Pla 21 	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0555020	Applied For Not Applicable
Suite, Apt. (Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State	Country	6. Election Campaign Financin Trust Fund Contribution	Added to Fees
Zip 24	Country 25 9. Name and Address of Curre		Country 30		y for intangible tax under s 199.032, Yes No
8000 S SUITE PORT: 11. Pursuant to register familiar with SIGNATURE	on the provisions of Sections 607.050 and agent, or both, in the State of Floh, and accept the obligations of, Sec	ida. Such change was authorized tion 607.0505, Florida Statutes.	the above-named corporations by	pard of directors. Wereby (scept the	
12.	Signature, typed or printed name of registered age	nt and title it applicable (NOTE- ND DIRECTORS	nogistered Agent signature requests 13.		OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MINDICK, DAVID L 3030 N.E. 49TH ST. FT LAUDERDALE FL 3330	□ DELETE 8 -4915	1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DAVIDENIAL MIN 18761 GANGO BOCA RATOR	Change Addition Addit
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MINDICK, DAVID L 3030 NE 49TH ST FT LAUDERDALE FL	☐ DEL€1E		DAUI'D C MIN 18761 GARGO" BOCA RATO	dick Ten NFI 334 96
TITLE NAME STREET ADDRESS OFTY-ST-ZIP		☐ D€LE7E	3. 1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4. 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STHEET ADDRESS CITY-ST-ZIP		☐ DELETÉ	5. 1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		☐ Change ☐ Addition

CITY-SI-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 true ee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an arrives.

SIGNATURE:

OFFICER OR DIRECTOR

4/18/196 407-460-9/10