FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPOR



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Societary of State
DIVISION OF CORPORATIONS

ANNUAL REPO
1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 65-05 13845 Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Trust Fund Contribution 8. This corporation has liability for inta		68 L 6 0
Principal Place of Business 1669 S.E. 7TH STREET DEERFIELD BEACH FL 33441 3. Date Incorporated or Qualified O9/29/1994 2. Principal Place of Business 2a. Mailing Address 25. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 27. City & State 28. City & State 29. Country 29. Country 29. Country 29. Country 29. Suite, Apt. #, etc. 29. City & State 29. Suite, Apt. #, etc. 30. Country 30. Country 40. Election Campaign Financing Trust Fund Contribution 41. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpor or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpor or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
1669 S.E. 7TH STREET DEERFIELD BEACH FL 33441 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified O9/29/1994 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified O9/29/1994 4. FEI Number 65-0513845 Suite, Apt. #, etc. 5. Certificate of Status Desired City & State City & State City & State 2. City & State 2. Country 2. Principal Place of Business 3. Date Incorporated or Qualified O9/29/1994 4. FEI Number 65-0513845 5. Certificate of Status Desired Florida of Status Desired Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Florida Statutes 7 Yes 9. Name and Address of Current Registered Agent BELINE, RONALD M 1689 S.E. 7TH STREET DEERFIELD BEACH FL 33441 B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 Street Address (P.O. Box Number is Not Acceptable) B4 City 11. Pursuant to the provisions of Sections 607.0502 and 607.0502 in change was authorized by the corporation submits this statement for the purpose or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		J re i (1884)
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Suite, Apt. #, etc. City & State City & State Country Zip Z	06/16/1995	C - 1 F:
Suite, Apt. #, etc. Suite, Apt. #, etc.	⊢ + · · ·	lied For Applicable
City & State Country Zip Country Zip Country R. This corporation has liability for inta Florida Statutes Yes General Statutes Florida Statutes Yes Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpor or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint familiar with, and accept the obligations of, Section 607.0505, Florida Statutes	\$8.75 Ad	
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	FL 85 Zip Co	xde
Signature, typico or printed name of rugistanu a just and title ir applicatio. (NOTE: Projekted Agent signature required when reinstaling)	[pare	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE TITLE PV DELETE 1.1 TITLE		IN 12 Addition
NAME BELINE, RONALD M 1.2 NAME	Onlings	_ Addition
STREET ADDRESS 1669 S.E. 7TH STREET 1.3 STREET ADDRESS		
CITY-ST-ZIP DEERFIELD BEACH FL 33441 1.4 City-St-ZIP		
TITLE ST DELETE 2.11II/LE	Change	Addition
VAME FLETCHER, WANDA C 22 NAME		
STREET ADDRESS 1669 S,E, 7TH STREET 23 STREET ADDRESS		
CITY-ST-ZIP	Change C	Addition
NAME 3.2 NAME	[] Change [] Addition
STREET ADDRESS 3.3. STREET ADDRESS		
CITY-ST-ZIP 3.4 CITY-S1-ZIP		
TITLE DELETE 4.1TITLE	Change	Addition
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STREET ADDRESS 4.3 STREET ADDRESS		
CITY-ST-ZIP 4.4 CITY-ST-ZIP		
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NAME 5.2 NAME STREEL ADDRESS - 5.3 STREEL ADDRESS		
CITY-ST-ZIP 5.4 CITY-S1-ZIP		
TITLE DELETE 6 1 TITLE		
NAME 62 NAME	Change [Addition
STREET ADDRESS 6.3 STREET ADDRESS	Change] Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Ptrono #

Date