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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400078830 (4) EDWARD A. GUARINI, JR., P.A.					
Principal Place of Business Mailing Address				4 IDOLEDI KE KEKK OLDIK DOLE ESKIK	881) - 8811 1880) 1818) 1818 1811 881 1881
1509 NE 4TH AVENUE 1509 NE 4TH AVENUE FORT LAUDERDALE FL 33304 FORT LAUDERDAL			33304		
				 Date Incorporated or Qualified 10/24/1994 	3a. Date of Last Report 04/26/1995
2. Principal Place of Business 21 4800 NORTH FEDERAL		2a. Mailing Address HWY 26 4800 NORTH FEDERAL HWY		4. FEI Number	Applied For
Suite, Apt. #		HWY 26 4800 NONTH Suite, Apt. #, etc.	PEDEMINE HY	ν γ 65-0545026	Not Applicable
` `.	06-D	27 06-	\mathcal{D}	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Boca	RATON, FL	City & State 28 BOCA RAT		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
3:34 S	1 0 1 1101 1	BCH 29 33431	Country 30 PAZM BC	This corporation has liability for in Florida Statutes Yes	□No
	9. Name and Address of	Current Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
1509 NE 4TH AVENUE FORT LAUDERDALE FL 33304 83 SUITE 84 City City				Idress (P.O. Box Number is Not Acceptable) NORTH FEDERAL H TE 106-D CKA RATON	FL 85 Zip Code
or registers	su agent, or both, in the state	07.0502 and 607.1508, Florida Statutes of Florida. Such change was authorized of, Section 607.0505, Florida Statutes.	the above named corp by the corporation's bo	poration submits this statement for the purp paird of directors. I hereby accept the appo	
SIGNATURE _	Signature, typical or printed name of regish	ared easel and tilluif analysisis	Registered Agent's gnature req-		
12.		LRS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1. 1 TITLE		Change Addition
NAME	GUARINI, EDWARD A	JR .	1.2 NAME		•
STREET ADDRESS	1509 NE 4TH AVENUE		1.3 STREET ADDRESS	1800 NORTH FEDERI	42 HIGHWAY *106D
CITY - ST - ZIP	FORT LAUDERDALE FL		1.4 CITY - ST - ZIP	BOCA RATON, FC	
TIFLE NAME		☐ DELETE	2 1 TITLE		Change Addition
STREET ADDRESS			2 2 NAME 2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TIFLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			32 NAME		
STRÉET ADDRESS			3.3. STREET ADDRESS		
CHTY - \$1 - ZIP			3 4 C+TY-ST-ZIP		
TITLE		☐ DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREE! ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5. 1 TITLE		Change E Mary
NAME		ي مددار	5.2 NAME		Change Addition
STREET ADDRESS	ı		5.3 STREET ADDRESS		
CHTY - ST - ZIP	1		5.4 CITY-ST-ZIP		
LILLE	:	☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		6 4 CITY-ST-ZIP		
certify that to bath; that I	certify that the information su the information indicated on the am an officer or director of the Block 12 or Block 13 if chang	his annual report or supplemental annual o corporation or the receiver or to stee e	report is true and accu repowered to execute t	for the exemption stated in Section 119.0 rate and that my signature shall have the s his report as required by Chapter 607, Flor	7(3)(k), Florida Statutes. I further ame legal effect as if made under ida Statutes; and that my name

SIGNATURE:

TURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

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