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

DOCUMENT # 1. Corporation Name

P94000085210 (0)

L. L. B	ARCLAY & ASSOCIATES of Business	Mailing Address				 			
7501 NW 4TH PLANTATION		7501 NW 4TH ST. 9 PLANTATION FL 33							
						3. Date Incorporated or Qualified 11/22/1994	3a. Date	of Last F	•
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	1	` 	Applied For	
21		26			65-0536725			Not Applicable	
Suite, Apt. #. etc. 22		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing)0 May Be	
23		28				Trust Fund Contribution			ed to Fees
Zip	Country 25	Zip 29	ļ	Country		8. This corporation has liability for it Florida Statutes Yes	ntangible tax No	under s	199.032,
24	9, Name and Address of Cu		30	<u> </u>		10. Name and Address of New R		oent	
				1 Na	me	10. 1141110 4110 71000 01 11000 11	- Sisteriou A	gom	
WACHH	OLDER, BARRY L		-						
	V 4TH ST, 112		8	2 Str	eet Addres	ss (P.O. Box Number is Not Acceptable	9)		
	TION FL 33317		8	3					
''	11011 1 2 00011		ļ.,	<u> </u>	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	·	
			8	4 Cit	У		FL	85 Z	ip Code
or registere familiar with SIGNATURE	ed agent, or both, in the State of it, and accept the obligations of, s	Florida. Such change was autho Section 607.0505, Florida Statu	rized by the co	rporatio	on's board	ion submits this statement for the pur of directors. I hereby accept the appo	intment as r	egistered	agent. I am
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	ORS IN 12
TITLE	D	DELETE 1.1		1. 1 TITLE] Change	Addition
NAME	BARCLAY, LINDA L		1.2 NAM	E					
STREET ADDRESS	600 CORPORATE, 200		1.3 STRE	ET ADDR	ESS.				
CITY - ST - 7IP	FT LAUDERDALE FL 3333		1.4 CITY						
THLE	_			2. 1 TITLE) Change	Addition Addition
NAME			2 2 NAM						
STREET ADDRESS				ET ADDRI	ESS				
CHTY - ST - ZIP	* * * * * * * * * * * * * * * * * * *	DELETE	2.4 CHY-SY-ZIP 3.1 TITLE					Change	- Addition
TITLE NAME							L	j Change	☐ Addition
STREET ADDRESS			3 2 NAM	E Eet addr	ree l				
CITY-ST-ZIP					1200				
TITLE				3.4 CITY-ST-ZIP 4.1 TITLE] Change	Addition
NAME			4.2 NAM				_	,	D
STREET ADDRESS				- Et addri	ESS				-
CITY-SI-ZIP									
TOLE		DELETE		4.4 CITY-ST-ZIP 5 1 TITLE) Change	Addition
NAME			52 NAM	E			_	-	_
STREET ADDRESS				et addri	ESS				
CITY-ST-ZIF			5.4 City						
TOTLE		☐ DELETE	6 1 TITL] Change	■ Addition
NAME			62 NAM	E					
STREET ADORESS			63 STRE	et addri	ES\$				
CITY-ST-ZIF			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 in 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 faceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 33 iteraanged, or on an attachment with an address?

SIGNATURE: