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

DOCUI	MENT # P940							
	SERVICES, INC.							
Principal Place of Business Mailing Address						IEH BANN TRAF		11111 1114 1114 1114 1 11 1
SUITE 505	ALLANDALE BEACH BLVD i ALE FL 33009	SUITE 506	1250 E HALLANDALE BEACH BLVD SUITE 505 HALLANDALE FL 33009					
					 Date Incorporated or Qualified 11/23/1994 		of Last R 09/06/1	
** - ****	Principal Place of Business 2a. Mailing A				4. FEI Number	- 		Applied For
Suite, Apt.	ti ata	26	hito Bat H alo				Not Applicable	
22		27 Stille, Apt. #, etc.	Suite, Apt. #, elc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24) · · · · · · · · · · · · · · · · · · ·		Country 30		8. This corporation has liability for	intangible ta		
	9. Name and Address of Curre		[30]		10. Name and Address of New F		Agent	
				81 Name				
Moorin, ellen 1250 e Hallandale beach blyd Suite 505 Hallandale fl 33009			-	82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
			-	83				
			}	84 City == 8			85 Zg	ρ Code
11. Pursuant t	to the provisions of Sections £07.050	2 and 607.1508. Florida Statul	tes, the abov	/e-pamed como	ration submits this statement for the pur	FL.	L L	ociotored office
	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec			orporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose or cha pintment as	registered	egistered office - agent. I am
SIGNATURE			J.					
12.	Signature, typed or printed name of registered agen			Agont signature require		DATE		
TITLE	DP OFFICERS AN	D DIRECTORS	13.	<u></u>	ADDITIONS/CHANGES TO OFF			
NAME	MOORIN, ELLEN	רין טבננונ	1.2 NA			L	Change	Addition
STREET ADDRESS	1250 E HALLANDALE BEA	CH RIVID SHITE 505		REET ADDRESS				
CITY-S1-ZIP	HALLANDALE FL 33009	OH DETO COME OUT		Y-SI-ZIP				
TITLE	Per be eve		2 1 111				Change	Addition
NAME			2 2 NAM	ME		<u>_</u>	J Simily	
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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 logal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee 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 address.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96 954-456-1350 Date Dete