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

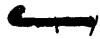
PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # 2940000 88714 (8)



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Principal Place of Business		Of Cooked	21 ?L	
13904 CROOKED Pol	9)	04 Caoo Ked 1 mi LKs. Fl 3		
Hiemi Lks. PL 33014	m 70 1,190	milks. Fl3	3014	
***** Pt 33014			3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Nulliber 58-2143	Applied For
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28 Zip	Country	Trust i dila Contributioni	Added to Fees
24 25	29 Z-P	30	8. This corporation has liability for interest Florida Statutes Yes	
9. Name and Address of Cu		1991	10. Name and Address of New Reg	
MocDoniel, John M.		81 Name	JOYAE Ulices Tors	CA
Locasing (1904 H)		82 Street Add	ress (P.C. Box Number is Not Acceptable)	-
ONE BISCOYNE TOW	D	. 1121	FRIELDKE Truce !	t 2407
ONE Biscoyne Tow	of Svite 2470	83		
Mismi FL 2313		84 City -1.) 0- 11-	85 Zip Code
	007 1500 5: 11 01	+1	·LWGEYGHE	H
Pursuant to the provisions of Sections of our registered agent, or both, in the state of familiar with, and accept the obligations of the section of th	Florida. Such change was authorize	s, the above-hamed corpo id by the corporation's boa	ration submits this statement for the purpo rd of directors. I hereby accept the appoin	ise of changing its registered offic tment as registered agent. I am
/ Y/!	Section 607.0505, Florida Statutes.	_	O.C.	Lular
SIGNATURE Signature, types or printed name of constered	Ageogrand tate if applicable (NOT	É: Registered Agent signature require	ad when rainstaina)	124/96
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE POSSESSES	☐ DELETE	1. 1 TITLE		☐ Change ☐ Addition
NAME	Terres	1.2 NAME		
STREET ADDRESS	Tan Suna	1.3 STREET ADDRESS		
CITY-SI-ZIP "ZI FAIRLAK		1.4 CITY-ST-ZIP		
TILE FI Low derdale	FC 333243 DELETE	2. 1 TITLE		Change Addition
NAME		2 2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP TITEF	[] DELETE	2 4 CITY - ST - ZIP 3 1 TITLE		Change
NAME	Постен	3 2 NAME		[] Orlange [] Abdition
STREET ADDRESS		3.3. STREET ADDRESS		
CITY-ST-ZIP		3 4 CITY-ST-ZIP		
THLE	☐ DELETE	4.1 TITLE	10,0,00,190	Change
NAME		4.2 NAME	-05/01/960101	e' f'èl 1 0020
STREET ADDRESS		4.3 STREET ADDRESS	~05/01/96~~0101 ***200.00	5-1029 - 6 CAL
City-St-ZiP		4.4 CITY - ST - ZIP		17/1/18
TITLE	☐ DELETE	5. 1 TITLE		harige Addition
NAME		5 2 NAME		1-11
STREET ADDRESS		5 3 STREET ADDRESS		<i>J</i> '
CHY-ST-ZIP	☐ DELETE	5 4 CITY-ST-ZIP		Chance C Addition
TITLE	□ nereie	6. 1 TITLE		Change Addition
STHEEL ADDRESS		6.2 NAME 6.3 STREET ADDRESS		
CITY-SI-ZIP	/ \	6.4 CITY-ST-ZIP		
14. I do hereby certify that the information supply	lied with this file; is voluntarily furnis	shed and does not pualify t	or the exemption stated in Section 119.07	(3)(k), Florida Statutes. I further
certify that the information Indicated on the coath; that I am an officer or director of the cappears in Block 12 or Block 13 if changed	annual regard adjournalemental annua	al report is true and accura empowered to execute thi	ate and that my signature shall have the sa is report as required by Chapter 607, Florid	me legal effect as if made under

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/96 305-8282419