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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS P94000089128 (0) **DOCUMENT #**

1. Corporation		SSOCIATES,		00012	J (U)										
Principal Place	of Business	/ : : : : : : : : : : : : : : : : : : :		Mailing Address					-}						
11767 S.W. 1ST ST. CORAL SPRINGS FL 33071				11767 S.W. 1ST ST. CORAL SPRINGS FL 33071											
									3. Date Incorpo		ualified	3a. Da	te of Last 05/01 /		
2. Principal Place of Business				2a. Mailing Address 26				4. FEI Number 65-05	540892			-	Applied For Not Applicable	e	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of	Status Des	sired			75 Additional e Required		
City & State				City & State					6. Election Cam Trust Fund C	-	-			.00 May Be ded to Fees	
Zipi 24	25					Country 30			8. This corporat Florida Statut		oility for in		lax under	s 199.032,	
	9. Name	and Address of	Current Reg	sistered Agent					10. Name and A	Address of	New Re	gistered	Agent		
11767	EY, CHARI	ST .				82	Nan Stre		ss (P.O. Box Numb	er is Not A	.cceptable	e)			
CORAL SPRINGS FL 33071						83 84	City						85	Zip Code	
			***************************************				<u> </u>					FL	_	·	
11. Pursuant t or register familiar wit	to the provision of the	ons of Sections 60 both, in the State (of the obligations o	7.0502 and 6 of Florida. Su f, Section 60	807.1508, Florida ich change was a 17.0505, Florida S	i St atut es, t auth oriz ed b statu te s.	the above-r by the com	narned oration	corporat n's board	tion submits this sta Lof directors. I here	atement for by accept t	the purp the appoi	ose of ch intment as	langing its s registere	₃ registered offic ∋d agent. I am	e
SIGNATURE _	Sovetne treet	or pointed name of register	and property as will while	it analoubly.	Alchie D	Description of Asses		and an an all an all as	when reinstating			P. 414	- 1		
12.			RS AND DIRE		MOIL I	13.	· signer	LO LOCINIDO A	ADDITIONS/C	HANGES	TO OFFIC	DATE SERS AND) DIRECT	ORS IN 12	
TOLE	P			DELETE		1.1 TITLE				10 0.110		Charige			
NAME	AME WHITLEY, MARY					1.2 NAME		Ì				,			
STREET ADDRESS 11767 S.W. 1ST ST.					1.3 STREET ADDRESS		s								
CITY-ST-ZIP	000H 000H000 FL 000H		33071	1		1.4 CITY-ST-ZIP									
TITLE	VP			☐ DELE	TE .	2 1 TITLE							Change	Addition	
NAME	WHITLEY, CHARLES					22 NAME									
STREET ADDRESS							ADDRES	s							
CITY-ST-ZIP CORAL SPRINGS FL						T-ZIP									
TITLE				☐ DETE	TE :	3.1 TITLE							☐ Change	: 🔲 Addition	
NAME					3.2 NAME										
STREET ADDRESS							ADDRES	SS							
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NAME						4.2 NAME									
STREEL ADDRESS							4.3 STREET ADDRESS								
CITY-ST-ZIP				(T) DELET		4.4 CITY-S	1 - 712								J. <u></u>
TITLE			DELETE		5. 1 TITLE						Ĺ	Change	Addition		
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STREET ADDRESS						5.3 STREET		9							
CHY-S1-ZIP TITLE				☐ DELET	F	5.4 CITY-SI 6.1 TITLE	1-7P	+			······································	r	Change	Addition	
NAME				L. Juite	•	6.2 NAME						l	Unanyo	רון אטטונטון	
STREET ADDRESS							V DUDE &								
CHY-ST-ZiP					6.3 STREET ADDR 6.4 CHY-ST-ZIP										
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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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WHITE Y 4/29/96 (305) 344-0046

CR2E034 (12/95)