## 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 #

1. Corporation Name

P9500000306 (7)

FREDDY L. SHAPIRO, CHARTERED

Principal Place of Business Mailing Address						1 100'11081 110 10101 04141 00 11 00 11		<b>                               </b>	III <b>ba</b> iib biii ibei	
3660 GULF OF MEXICO DR. #104-A		#	3660 GULF OF MEXICO DR. #104-A							
LONGBOAT KEY FL 34228			LONGBOAT KEY FL 34228				3. Date Incorporated or Qualified 01/03/1995	3a. Date	of Last F	Report
2. Principal Pia	ce of Business		Mailing Address				4. FEI Number		<del>-</del>	Applied For
21 26 Suite, Apt. #, etc.			Suite, Apt. #, etc.				65-0548924			Not Applicable
22	, 6tc.	27	one, Apr. #, etc.				5. Certificate of Status Desired			5 Additional Required
Crty & State		A state of	ity & State				6. Election Campaign Financing			00 May Be
23		28					Trust Fund Contribution	L.J		ed to Fees
<i>Z</i> ip ⊒1	Country	F - 1	<b>'</b> 4D	Country	i		8. This corporation has liability for i		x under s	199.032,
24 25 29 29 29 3. Name and Address of Current Regis			tered Agent				Florida Statutes Yes XINo  10, Name and Address of New Registered Agent			
				81	T	Name	10.	9,5,0,00	19011	
BLALOC	CK, ROBERT G			82		Stroot Addro	ss (P.O. Box Number is Not Acceptab	lov.		
	'H ST. WEST			02		Sireet Addres	ss ( .o. trox remines is not Acceptan	ic,		
Braden	NTON FL 34205			83	I.					
				84	-	City		·····	85 Z	ıp Code
dd Dominal L		00 1 007	TERR FL. A. AVETE	L	Ţ			<u> </u>		
or registere familiar with	of the provisions of Sections 607.050 diagent, or both, in the State of Flo h, and accept the obligations of, Ser	rida. Such d	:hange was authorize	is, the above-i ed by the corp	Ю	imed corpora ration's board	tion submits this statement for the pur Fol directors. I hereby accept the appo	pose or ona pintment as	ng-ng its i registered	registered office diagent. I am
SIGNATURE .	Signature, typod or printed name of registered agr	nt and frient app	ا (4) ما وأن ا	le. Registrati Apri	nt s	signatue actions to	when education	DAIL		
12.	OFFICERS A	ND DIRECT		13.		e e e	ADDITIONS/CHANGES TO OFF			
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STHEFT ADDRESS CITY-ST-ZIP				1.3 STREET		Γ.	0. Box 270			
TITLE	- P. A		DELETE	1.4 CITY - S 2 T TILLE	a i -	'''Te	elluride, CO 81435	1	Change	Add-tion
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C![Y-S*-Z 2				2 4 CiTY - 9	SI	ZIP				
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STREET ADDRESS				63 STREET	<b>4</b> I	ODBESS				
CiTY-ST-ZiP				6.4 CITY - S						
certify that oath; that f	certify that the information supplied the information indicated on this and am an officer or director of the dor, Block 12 or Block 13 if changes, o	nyla Jeport d yulation or ti	or supplemental ann.	ial report is tru empowered :	ue	: and accurate	r the exemption stated in Section 119, a and that my signature shall have the report as required by Chapter 607, Fig.	samê legal	effect as i	if made under
SIGNATURE: / SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR (NAME OF SIGNING OFFICER OR DIRECTOR)										