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 #	P95000002463	(4)
 Corporation Name 		. · · ·

County State S	Applied For Not Applicable 75 Additional Required 800 May Be ded to Fees \$ 199.032,
881 PALM TRAIL #5 DELRAY BEACH FL 33483 891 PALM TRAIL #5 DELRAY BEACH FL 33483 3. Date incorporated or Qualified O1/06/1995 4. Fin Number O5-0-055-1257 Surface Apt. #, etc. 5. Cartificate of Stratus Desired St. #8. Fr. Country S.A. B. This corporation has fisibility for intampible tax under North Registered Agent LLOYD, SCOT W 931 PALM TRAIL #5 DELRAY BEACH FL 33483 11. Fursuant to this provisions of Sections 607,000 and 607,1508, Florida Statutes. the above named corporation submits this statement for the purpose or changing the familiar with any discorption or point, and the pulpose or of changing the familiar with any discorption or pulpose or companion of country. Acceptable of Country S.A. B. The corporation submits this statement for the purpose or changing the familiar with any discorpt the pulpose or changing the familiar with any discorpt the pulpose or changing the familiar with any discorpt the pulpose or changing the familiar with any discorpt the pulpose or changing the familiar with any discorpt the pulpose or changing the familiar with any discorpt the pulpose or changing the familiar with any discorpt the pulpose or changing the familiar with any discorpt the pulpose or changing the familiar with any discorpt the pulpose or changing the pulpos	Applied For Not Applicable 75 Additional Required 800 May Be ded to Fees \$ 199.032,
2. Pripricinal Place of Business 21	Applied For Not Applicable 75 Additional Required 800 May Be ded to Fees \$ 199.032,
21 Solite. Apt. #, etc 22 Stite. Apt. #, etc 23 Stite. Apt. #, etc 24 Stite. Apt. #, etc 25 Stite. Apt. #, etc 26 Stite. Apt. #, etc 27 Stite. Apt. #, etc 28 Stite. Apt. #, etc 28 Stite. Apt. #, etc 29 Stite. Apt. #, etc 50 Certificate of Status Desired \$8. Fee \$8. Fee \$1. \$1. \$1. \$1. \$1. \$1. \$1. \$1. \$1. \$1.	Not Applicable 75 Additional e Required .00 May Be ded to Fees s 199 032,
Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. S. Certificate of Status Desired \$8.	75 Additional te Required .00 May Be ded to Fees s 199.032,
County State S	e Required .00 May Be ded to Fees s 199.032,
6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under Florida Statutes 9. Name and Address of Current Registered Agent LLOYD, SCOT W 931 PALM TRAIL #5 DELRAY BEACH FL 33483 11. Pursuant to the provisions of Sections 607,0507 and 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its familiar with, and Accept the poligations of Sections 607,0507 and 607,1508, Florida Statutes. The above named corporation submits this statement for the purpose of changing its familiar with, and Accept the poligations of Sections 607,0507 and 607,1508, Florida Statutes. The above named corporation submits this statement for the purpose of changing its familiar with, and Accept the poligations of Sections 607,0507 and 607,1508, Florida Statutes. SIGNATURE Superface to add or purpose of specific and applications. MOTE Superfaced Agenc speak are recorded when horizothelps. 12. OFFICERS AND DIRECTORS 13. STREET ADDRESS 14. CITY SIT 72P DELRAY BEACH FL 33483 10. LOYD, SCOT W 931 PALM TRAIL #5 DELRAY BEACH FL 33483 11. Pursuant to the provisions of Sections 607,0507 and 607, 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its familiar with, and Accept the provisions of Sections 607,0507 and 607, 1508, Florida Statutes. SIGNATURE Superface dagent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agency of directors. I hereby accept the appointment as registered agency of directors. I hereby accept the appointment as registered agency of directors. I hereby accept the appointment as registered agency of directors. I hereby accept the appointment as registered agency of directors. I hereby accept the appointment as registered agency of directors. I hereby accept the appointment as registered agency of directors. I hereby accept the appointment as registered a	OO May Be ded to Fees s 199 032,
24 33433 25 U.S.A. 29 33433 30 S.A. 17 In the corporation has liability for intangible tax under Florida Statutes ves No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LLOYD, SCOT W 931 PALM TRAIL #5 22 Street Address P.O. East Number 19 Name 13 Name 14 Name 15 Name 1	\$ 199 032, PiVF
LLOYD, SCOT W 931 PALM TRAIL #5 DELRAY BEACH FL 33483 82 Street Address P.O. Bownumber is this Acceptable Over the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing it familiar with, and independent of both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent or both, and the state of Florida Statutes. SIGNATURE Superture 1 and or printed name of registered agent and filter duplications of Section 107.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing it familiar with, and independent approximation in the Statutes. SIGNATURE Superture 1 and or printed name of registered agent statutes. Increase 1 and or printed name of registered agent statutes. Increase 2 and or printed name of registered agent statutes. Increase 3 and or printed name of registered agent statutes. Increase 3 and or printed name of registered agent statutes. Increase 4 and or printed name of registered agent statutes. Increase 3 and or printed name of registered agent or power statutes. Increase 3 and or printed name of registered agent or power statutes. Increase 4 and or printed name of registered agent or power statutes. Increase 4 and or printed name of registered agent or power statutes. Increase 4 and or printed name of registered agent or power statutes. Increase 4 and or printed name of registered agent or power statutes. Increase 4 and or printed name of registered agent or power or power or power statutes. Increase 5 and 5 and 6	PiVF 33433 registered office d agent. I am
## CITY OF COLORS AND DIRECTORS Street Address P.O. Bow Number sin D. Acceptable P.O. Bow Number sin D. Bow Number	XIVE 33433 registered office d agent. I am
931 PALM TRAIL #5 DELRAY BEACH FL 33483 84 City WCA CATON FL 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its familiar with, and increase of the obligations of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its familiar with, and increase of the obligations of Section 507.0506. Florida Statutes SIGNATIVE Supertive in add or pinked familiar and like displaying. PATE Registered Agent signative recorded with numerating. 12. OFFICERS AND DIRECTORS 13. APDITIONS/CHANGES TO OFFICERS AND DIRECTORS TILLE NAME LLOYD, SCOT W STREET ADDRESS 931 PALM TRAIL #5 DELRAY BEACH FL 33483 14.0174-SI-72P DELRAY BEACH FL 33483 14.0174-SI-72P DELETE 2.11/ILE Change	PIVE 33433 registered office d agent. I am
11. Pursuant to the previsions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered with, and independent cone of registered agent and internal little applications. SIGNATIVE: Styretze type of or period discovered agent and little if application. PAGE: NAME: LOYD, SCOT W STREET ADDRESS 931 PALM TRAIL 45 DELRAY BEACH FL 33483 DELETE: DELETE: DELETE: DELETE: DELETE: DELETE: DELETE: 2.1 1/1LE DELETE: DELETE: DELETE: Change Chang	339433 registered office d agent. I am
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its familiar with, and recept the obligations of Section 107.0505. Florida Statutes. SIGNATURE Structure to aid or printed name of registered agent and life of application. PART Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its familiar with, and recept the obligations of Section 107.0505. Florida Statutes. SIGNATURE Structure to aid or printed name of registered agent and life of application. PART Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its familiar to be provided agent and the corporation submits this statement for the purpose of changing its familiar with, and the provided submits this statement for the purpose of changing its familiar to be provided agent and the corporation submits this statement for the purpose of changing its familiar with, and the provided submits this statement for the purpose of changing its familiar to be provided agent and the corporation's board of directors. I hereby accept the appointment as register and and the corporation's board of directors. I hereby accept the appointment as register. SIGNATURE Structure to aid or pinted varie of registered agent algorithms board of directors. I hereby accept the appointment as register. PART HULL BY ACCEPT AGENT AGEN	3.304.33 registered office ed agent. I am
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its familiar with, and recept the obligations of Section 107.0505. Florida Statutes. SIGNATION: Signature 15 and or printed name of registered agent and life of applicable. Signature 15 and or printed name of registered agent and life of applicable. Signature 15 and or printed name of registered agent and life of applicable. Determine the above named corporation submits this statement for the purpose of changing its familiar with, and registered agent and registered agent and life of applicable. Signature 15 and or printed name of registered agent and life of applicable. Determine to the provisions of Section 107.0502 and 607.1508. Florida Statutes. The above named corporation submits this statement for the purpose of changing its familiar with, and registered agent and registered agent as a point reg	33433 registered office id agent. I am
SIGNATURE Structure 14 and or printed name of registrated agent and life of appliquic. DIFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME LLOYD, SCOT W STREET ADDRESS 931 PALM TRAIL \$5 CITY-ST-ZIP DELRAY BEACH FL 33483 TITLE DELTE DELTE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELTE 2.1 TITLE Change	registered office id agent. I am
SIGNATURE Structure 14 and or printed name of registrated agent and life of appliquic. DIFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME LLOYD, SCOT W STREET ADDRESS 931 PALM TRAIL \$5 CITY-ST-ZIP DELRAY BEACH FL 33483 TITLE DELTE DELTE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELTE 2.1 TITLE Change	ed agent. I am
Street address 931 PALM TRAIL \$5 City-st-zip Delray Beach FL 33483 Title Delray Beach FL 33483 Title Delray Beach FL 33483 Title Delray Beach FL 33483	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT NAME LLOYD, SCOT W STREET ADDRESS 931 PALM TRAIL \$5 CITY-ST-ZIP DELRAY BEACH FL 33483 DELTE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT NORCIG SECTION 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 OCA CATON FLORIDO Change	P
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1 1 TITLE 1.2 MANE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELETE 1 1 TITLE 1.2 MANE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.1 TITLE 1.2 MANE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.1 TITLE 1.2 MANE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 1.2 MANE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 1.3 Change 1.4 CITY-ST-ZIP 1.5 Change 1.5 Change 1.5 Change 1.5 Change 1.6 Change 1.7 Change 1.7 Change 1.8 Ch	COO INC. IO
STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33483 TITLE DELTE DELTE 1.2 MANE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE DELTE 1.2 MANE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE Change Change	
TITLE DELRAY BEACH FL 33483 1.3 STREET ADDRESS 1.4 CRY-SI-ZIP DELETE 1.3 STREET ADDRESS 1.4 CRY-SI-ZIP 1.5 OCA PATON Floe: do 33442 Change	
TIPLE DELETE 1.4 CHY-SI-ZIP 1.30CA PATON, PICE do 3346	
DAME 2.11/ILE 2.11/ILE	13
	Addition
2 2 NAME STREET ADDRESS	
2.3 STREFT ACORESS City - S1 - ZIP	
10.6 24.C.17-\$1-7/P	
NAME 3.1 TILE Change	☐ Addition
3.2 NAME STREEL ADDRESS	
3.3 STREET ADDRESS	ļ
3.4 CHY-ST-2HF DELETE 4.1 THE	
NAME 4.1 TITLE Change	Addition
STREET ADDRESS 4.3 STREET ADDRESS	ľ
CHY-ST-ZIP 4.4 CHY-ST-ZIP	
MILE DELETE 5 1 TILLE Channe	Addition
5.2 NAME	☐ Vaniton
STREET ADDRESS 5 3 STREET ADDRESS	1
DITY-ST-ZIP 54 CHY-ST-ZIP	
OTILE OFFICIAL 6.1 INVEST. Change	
6.2 NAME	Addition
5.3 STREET ADDRESS 6.3 STREET ADDRESS	Addition
4. 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 Statul certify that the information indicated on this annual mond or supplied each large of certify that the information indicated on this annual mond or supplied each large of the exemption stated in Section 119.07(3)(k), Florida Statul	Addition

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CULLO C. BOATH
ATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR