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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Miller, President

DOCUN 1. Corporation SADV	MENT # P950 CORPORATION	00002770 ((2)		
Principal Place of	of Business	Mailing Address	7 -		
2601 N.W. 13TH STREET POMPANO BEACH FL 33069		2601 N.W. 13TH STREET POMPANO BEACH FL 33069			
				3. Date Incorporated or Qualified 3: 01/11/1995	Date of Last Report
2. Principal Plac	ce of Business	2a. Mailing Address		V4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt #, etc.	· 	65 0549350	Not Applicable
Suite, Apr. #, etc.		27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5 00 May Be
23		28	·	1 rust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intan	
24	25 25 Name and Address of Curre	29 at Registered Agent	30	Florida Statutes Yes X 10. Name and Address of New Regis	No
	***************************************		81 Name		Autour Figure
	, DANIEL		82 Street Add	ess (P.O. Box Number is Not Acceptable)	
	.W. 13TH STREET				
POMPA	INO BEACH FL 33069		83		
			84 City		FL 85 Zip Code
SIGNATURE s	i, and accept the obligations of, Sec grature, lyied or printed name of regelered ages	ion 607.0505, Florida Statute	OTE, Bugstrin J Agent signative require		DATE
12.	D OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12 Change
NAME	MILLER, DANIEL		1.2 NAME		[_] Change [_] Astron
STREET ADDRESS	2601 N.W. 13TH STREET		1.3 STREET ADDRESS		
CITY - ST - ZIP	POMPANO BEACH FL 330	69	1.4 CITY-ST-7IP		
TITLE	D ANNETTE O	DELETE	2 1 TITLE		Change Addition
NAME	MILLER, ANNETTE S 2601 N.W. 13TH STREET		2 2 NAME		
STREET ADDRESS	POMPANO BEACH FL 330	RO	2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TOMINITO DENOTITE GOO	DELETE	2.4 City - St - ZiP 3.1 Title		Change Addition
NAME			3.2 NAME		C Orongo C Madelon
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 City-ST-ZIF		
TITLE		DEFEIF	4 1 TIILE		Change
NAME			4.2 NAME		
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY-SI-ZIP TITLE		DELETE	4 4 CITY - ST - ZIP 5 1 TITLE	745 (4-1)	Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY -ST - ZIP			5 4 CITY- ST- ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. I do hereby	certify that the information supplied	with this fitne is voluntarily for	64 CITY-ST-ZIP	or the exemption stated in Section 119.07(3	Vk) Florida Statuton I further
certify that t oath; that I	the information ipo cated on this ann	ual report or supplemental an oration or the receiver or trust	nual report is true and accura ee empowered to execute th	of the exemption state in Section 1119-00. It and that my signature shall have the sam is report as required by Chapter 607, Florida	e legal effect as if made under

3/13/96

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