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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000004987 (0)

DOCUMENT #

PROGRA	AMA TOOLS, INC.	Mailing Address					
301 WEST CAMINO GARDENS BLVD BOCA RATON FL 33432		301 WEST CAMINO GAR	301 WEST CAMINO GARDENS BLVD BOCA RATON FL 33432				
DOON HATON	FC 50402	BOOK HATON FE SONSE			3. Date Incorporated or Qualified	3a. Date of Last F	Report
2. Principal Plac	so of theirese	Los Marines Address			01/17/1995 4. FEI Number		
. 2. тиноврантас !1	de di pusiness	2a. Mailing Address			4. FET NUMBER 65 - 0569780	H	Applied For Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			Certificate of Status Desired	\$8.7	5 Additional
Ch. P. Crate		27			· · · · · · · · · · · · · · · · · · ·	Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	1 1	00 May Be ed to Fees	
Zip Country 4 25		Ζφ	Country		8. This corporation has liability for		· · · · · · · · · · · · · · · · · · ·
		29 30		Florida Statutes X Yes No			
	9. Name and Address of Curi	rent Registered Agent			10. Name and Address of New F	legistered Agent	
1444.650	THOUSE 0		81	Name			
	THOMAS C RACASA WAY		82	Street Addr	ress (P.O. Box Number is Not Acceptat	ole)	
SUITE 20			83				
	TON FL 33433		84	City	· · · · · · · · · · · · · · · · · · ·	05 7	la Cada
			84	City		FL 85 Z	ip Code
12. THE NAME	d Kotzig, Ivan	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTO Change	ORS IN 12
SPIELL ADOR: SS	301 WEST CAMINO GARDI BOCA RATON FL 33432	ENS BLVD	1.3 STREET	1			
CHY-ST-ZIP	D	DELETE		T - ZIP		[7] Change	☐ Addition
NAME	ZAKAK, TAWSIK		2 2 NAME				_
STREET ADDRESS	301 WEST CAMINO GARDI	ens blvd	2 3 STREET ADDRESS				
C 1Y S1 ZiP 1:1(E	BOCA RATON FL 33432	☐ DELFTE	24 CHY-S 3 1 TITLE	T - ZIP		☐ Change	Addition
NAM:			3.2 NAMÉ				
SPIELL ADDRESS			33 STREET	ADDRESS			
COLV. ST. ZIP.		D DELETE	3 4 CiTY - S 4 1 TITLE	T-ZIP		F7 0	fil (alote)
THEF NAME		L'1 DETE 18				☐ Change	
SURECT ADDRESS			4.2 NAME 4.3 STREET	ADDRESS			•
CIY ST Z.P			4 4 CITY - S	1			
TIFE		DELETE				Change	Addition
NAME Caucia Annocse			5.2 NAME	*DDDCCO			
STREET ADDRESS Offy-St-7P			5.3 STREET				
THE CHILDREN		DELETE	54 CITY - ST - ZIP 6 1 TITLE			Change	Addition
NAME			6.2 NAME				
STHEFT ADDRESS			63 STREFT	ADDRESS			
CI*Y-S1-ZIP			64 CITY - S			OF COURS FOR THE COURSE	
certify that t eath; that I	the information indicated on this a	nnual report or supplemental annu reporation or the receiver or trustee	al report is tru empowered t	e and accura	for the exemption stated in Section 119 attended that my signature shall have the is report as required by Chapter 607, Fl	same legal effect as orida Statutes; and tr	if made under nat my name

SIGNATURE:

du

2/12/96 (407) **350-45**11