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

1. Corporation	VMENI on Name VILLE & SO		0000)05206	(4)				 	1184 63 44 1	1/1/ 10 /10/ 1 /0/	. 1184 Sour Bur 480
Principal Place of Business Mailing Address												
7120 FILLMORE ST HOLLYWOOD FL 33024				7120 FILLMORE ST HOLLYWOOD FL 33024								
O Dispiral Charact Cont								3. Date Incorporated or Qualified 01/18/1995 3a. Date of Last Report			Report	
Principal Place of Business				2a. Mailing Address					4. FEI Number			Applied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.					65-0564940			Not Applicable
22				27					5. Certificate of Status Desired			5 Additional Required
City & State				City & State				6. Election Campaign Financing			00 May Be	
Zip Country			28						Trust Fund Contribution		Add	ed to Fees
24	Country 25 29			Zip Country 30				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ✓ Yes ☐ No				
9. Name and Address of Current Registered Agent							Nom		10. Name and Address of New I	Registere	d Agent	
NAVILLE, LARRY E						82	81 Name					
7120 FILLMORE ST							Stree	treet Address (P.O. Box Number is Not Acceptable)				
HOLLYWOOD FL 33024												
						84	City				les 5	in Contract
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to or registered agent, or both, in the State of Florida. Such change was authorized by familiar with, and accept the obligations of, Section 607.0505, Florida Statutes 										F		ip Code
or register familiar wi	red agent, or ith, and accep	both, in the State of lot the obligations of,	Florida. Such Section 607.	n change was auth 0505, Florida Stat	norized by autes.	the corp	oration	s board	on submits this statement for the purification of directors. I hereby accept the app	rpose of c ointment :	hanging its as registere	registered office d agent. I am
SIGNATURE	Signature, typed	or printed name of registered	agent and title if	applicable.	(NOTE: Reg	istered Agen	t signature	required wi	hon reinstating)	DATE		
12.		OFFICERS	AND DIREC			13.			ADDITIONS/CHANGES TO OFF		ID DIRECTO	ORS IN 12
TITLE NAME	D	IE LADDVE		☐ DELETE	ľ	1. 1 TITLE					☐ Change	☐ Addition
	NAVILLE, LARRY E 7120 FILLMORE ST			1.2								
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NAME						22 NAME					☐ Change	Addition
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NAME				[] better		4 1 TITLE					☐ Change	☐ Addition
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NAME					1 :	5.2 NAME					onenge	Addition
STREET ADDRESS						5.3 STREET A	ADDRESS					
CITY-SI-ZIP						4 CITY-ST	- ZIP	<u></u>				
TITLE				DELETE		3 1 TITLE		-			Change	☐ Addition
NAME CLUST ADDRESS					•	2 NAME						
STREET ADDRESS					6	3 STREET A	DDRESS					
CITY ST-ZIP 14. I do hereby	certify that t	ne information supplie	nd with this	lino ie volustarilu f		4 CITY-ST	- ZIP	<u> </u>				

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

GNATURE:

ARRY E MAVILLE BRES 1-19-96 967-9836

SIGNATURE:

Date

Date LARRY E NAVILLE PRES SIGNATURE: Dam 967-9836 Daytime Phone #