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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State **

DIVISION OF CORPORATIONS

DOCUMENT #	P95000005227	(0)
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DOCUN 1. Corporation SPEEDI		JUUU3227 (C			
Principal Place of Business 1177 SAWGRASS CORPORATE PKWY SUNRISE FL 33323		Mailing Address 1177 SAWGRASS CO SUNRISE FL 33323	RPORATE PKWY		
				3. Date Incorporated or Qualified 01/18/1995	3a, Date of Last Report
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-055 9904	Not Applicable
Suite, Apt. #	r, etc.	Suite Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Ctu P State		Oily & State		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation has liability for int	
24	25	[29]	30	Florida Statutes Yes 10. Name and Address of New Res	
	9. Name and Address of Curre	ent Hegistered Agent	81 Name		
CANTO	S-JOSE A JR.		A	ress (P.O. Box Number is Not Acceptable	ERVICES, INC.
44-W-F1	AGLER ST		82 Street Add	E 3000 MIRMI CE	NTER
10TH FL	. 00R		92		
1 MAMIT	L-33130		84 City	SOUTH BISCAYNE &	85 Zip Code
			1111	9ml	FL 33/3/
or registere familiar wit SIGNATURE.	ed agent, or both, in the State of file the and accept the guilgations of the Sparance Medicing incommon disease of resolvers as	State Scient Chairge was authorised Statut	used by the corbo arou a poo	ration submits this statement for the purport of directors. I hereby accept the appoint of PRESIDENT	ntment as registered agent. I am
12.	Digital and Alberta Chambers and a contract of	NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	· PRESIDENT	DELETE	า า โกโนซี		Change C Addition
NAME	DAVID BONES		1.2 NAME		
STREET ADDRESS	1177 SAWGRASS SUNRISE: FL 3	CORPORATU PARKI	13 STREET ADDRESS		
CITY - ST - ZIF	SUNRISE PL. 3	(332 3 ☐ DELETE	* 4 City - ST - ZIP 2 1 Title		☐ Change ☐ Addition
TITLE		£ J becan	2.2 NAME		
NAME STOCET ANDRESS			2.3 STREET ADDRESS		
STREET ADDRESS CITY+ST-ZIP			24 CITY ST-ZIP		
THE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CH v - ST - ZIP		Change Addition
TITLE		Derete	. 4. 1 TiTLE		
NAME			4.2 NAME	00000182 -05/16/96010	25U5U 20 031
STREET ADDRESS			4.3 STREET ADDRESS	***200.00	10011
CITY - ST - ZIP		DELETE	4.4 CiTY - ST - ZiP 5.1 TITLE	****CUU.UU	Change Addition
TITLE		m) Section	5.2 NAME		
NAME STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	•		5.4 CiTy - ST - ZIP		
TITLE		☐ DELETE	€ 1 PILE		Change Addition
NAME			6 2 NAME		ન્સ ્ટિસ્
STREET ADDRESS			6.3 STREET ADDRESS		መ ፈ የ

14. I do hereby certify that the information supplied with this filing is volume by furnished and does not qualify by the exemption stated in Section 118.07(3)(k). Florida Statutes. I further certify that the information indicated cryims annual report or supplier ental annual report is true and accurate and that my signature shall have the same logal effect as if made under certify that I am an officer or dysotor of the corporation or the receipting trustee empowered to execute the report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 12 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BONES DAULA

CR2E034 (12/95)