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

Matter Address of Henry Officers Supplied and Part Supplied Supplied and Part Supplied Suppli	1. Corporation	MENT # P95000 ATE SALES CORP.	0007003 (3)				
BOWNTON BEACH FL 33437 3. Date Incorporated or Qualified 3. Date of Last Papor 1/(26/1995) 2. Financial Hoice of Pusiness 2. Malling Address Side, Apr. e. etc. 2. Suite, Apr. e. etc. 2. Suite, Apr. e. etc. 2. Suite, Apr. e. etc. 3. Certificate of Status Desired 3. Suite, Apr. e. etc. 3. Certificate of Status Desired 3. The Company o	Principal Place of Business		Mailing Address		1 16641001 410 18161 011/1 00111 40111 1	1819 - 1 111 - 181 4 - 181 1 - 1	0111 00150 1417 (00 1
Principal Haise of Business 2a. Malling Address FIT Buridon Academ Academ Not April 18 etc. 2b. Malling Address FIT Buridon Section Sect							
South Agr 6, etc. South Agr 6, etc. South South						3a. Date of Last	t Report
Suite. App. 16. 16. 20 20 20 20 20 20 20 20						1	Applied For Not Applicable
City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & Country 2p	Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.	75 Additional
27 28 29 30 50 50 50 50 50 50 50	City & State		City & State		, , ,	□ \$5	.00 May Be
FELD, LYNDA 823 CASSIA DR. BOYNTON BEACH FL 33437 11. Pursuant to the previous of Sections 607.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its negister of agent or both, in the State of Prices. Sectionary was additionable by the corporation's board of decretes. The purpose of changing its negister of agent or both, in the State of Prices. Sectionary was additionable by the corporation's board of decretes. The purpose of changing its negister of agent or both, in the State of Prices. Sectionary was additionable by the corporation's board of decretes. The purpose of changing its negister of agent corporation and the purpose of purpose o					8. This corporation has liability for intangible tax under s 199.032,		
FELD, LYNDA 8230 CASSIA DR. BOYNTON BEACH FL 33437 83 84 City FL 85 Zyp Code 11. Pursuant to the provisions of Socione 607.6502 and 607.1508. Florida Statutes, the above-named corporation submits the statement for the purpose of paragraph to roboth, in the State of Funds Submits, the above-named corporation submits the statement for the purpose of paragraph to roboth, in the State of Funds Submits, the above-named corporation submits the statement for the purpose of paragraph to roboth, in the State of Funds Submits, the above-named corporation submits the statement for the purpose of paragraph to roboth, in the State of Funds Submits. SIGNATURE: 87 Sypera Sypera System (Socione 607.6506, Funds Statutes, the above-named corporation submits the statement for the purpose of paragraph to roboth, in the State of Funds Statutes. 88 Stream of the statement for the purpose of paragraph the exponentiment is negletized depend funds with the statement of the purpose of paragraph the exponentiment is negletized depend funds and statement for the purpose of paragraph the paragraph the purpose of paragraph the paragraph the paragraph the purpose of paragraph the pa	24		· · + 1 · · · · · · · · · · · · · · · · ·	30	. 1		
B230 CASSIA DR. BOYNTON BEACH FL 33437 88				81 Name			
BOYNTON BEACH FL 33437 11. Pursuant to the provisions of Sections 607,0502 and 607,1509. Florida Statutes, the above named corporation submits this statement for the purpose of changing its register or egistered agent or both, in the State of Ferida Such change was authorized by the corporation's board of directors. I hereby accept the exhipation agent and the final state of Ferida Such change was authorized by the corporation's board of directors. I hereby accept the exhipation agent and the final state of Ferida Such changes was authorized by the corporation's board of directors. I hereby accept the exhipation agent and the final state of Section 50 (505). Phode Statutes the corporation's board of directors. I hereby accept the exhipation agent and the final state of Section 50 (505). Phode Statutes the state of Ferida Such changes and the final state of Section 50 (505). Phode Statutes the state of Ferida Such changes and the final state of Section 50 (505). Phode State agent a				82 Street Add	ress (P.O. Box Number is Not Acceptabl	le)	
11. Fursion to the provisions of Sections 807 (560) and 607.1508. Florida Statutes, the above-harned corporation submits this statement for the purpose of changing at singleter or registered agent or both, in the State of Fixida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for both, in the State of Fixida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent furnities with a second or sold agent agent as registered agent agent as registered agent or both, in the State of Fixida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent as registered agent or both, in the State of Fixida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent or both, in the State of Fixida. Such change agent a				83			
11. Foreign to the previsions of Sections 607 (500) and 607 1508. Florids Statutes, the above harred corporation submits the statement for the purpose of changing is registed or registered agent of both in the State of Florids Studies. See the provision of the purpose of changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent by the corporation of the purpose of changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent provided by the corporation's board of directors. I hereby accept the appointment as registered agent provided by the corporation's board of directors. I hereby accept the appointment as registered agent provided by the corporation's board of directors. I hereby accept the appointment as registered agent provided by the corporation's board of directors. I hereby accept the appointment as registered agent provided by the corporation's board of directors. I hereby accept the appointment as registered agent provided by the corporation's board of directors. I hereby accept the appointment as registered agent provided by the corporation's board of directors. I hereby accept the appointment as registered agent provided by the corporation's board of directors. I hereby accept the appointment as registered agent provided by the corporation's board of directors. I hereby accept the appointment as registered agent provided by the provided agent provided by the corporation's board of directors. I hereby accept the appointment as registered agent provided by the provided agent provided agent agraement agent accept the provided agent provided agent provided agent provided agent provided agent provided by the provided agent pro				84 City		F1 85	Zip Code
RAM. SIRELLADORESS BOYNTON BEACH FL 33437 1.4 CITY 51-72P BOYNTON BEACH FL 33437 1.4 CITY 51-72P DELETE 21 THE CAMPESS 22 NAME 22 STREET ADDRESS 23 STREET ADDRESS 24 CITY 51-72P DELETE 31 THILE CAMPESS CITY 51-72P DELETE 41 THILE CAMPESS CITY 51-72P DELETE 41 THILE CAMPESS CITY 51-72P DELETE 51 THILE CAMPESS CITY 51-72P THILE CAMPESS CITY 51-72P 10 DELETE 51 THILE CAMPESS CITY 51-72P 10 DELETE CAMPESS CI	famil ar witi	n, and accept the obligations of, Sections of sections of sections of registeric agents	nd tille nåpplicarier (NO	TE Registered Agent signature requin	od when reinstalling)	DATE:	
SIBELLADORESS SPACE BOYNTON BEACH FL 33437 1.4 CITY-ST-2P DELETE 21 THE 22 THE 22 THE 23 STREET ADDRESS SIEPT LAROPESS SIEP			☐ DELETE			☐ Chan	ge 🔲 Addition
CITY ST-ZP BOYNTON BEACH FL 334377 ITHE DELETE 2 1 THE 2 THE				i			
NAM 22 NAME SHEET ADDRESS 24 CITY - ST - ZP THEE DELETE 3 THEE Change Ch			FT CULT			F) Chan	ge 🗍 Addition
SHEET ADDRESS CHY-ST-7/P THE DELETE 3 TIME 4 TIME 5			[] Detere				As [] YOUROR
INTERMANT SINCE LADRESS SINCE				2 3 STREET ADDRESS			
SIRELLADORESS CITY ST-7P SILE DELETE 4 TITLE A2 NAME STREET ADDRESS CITY ST-2P THE NAME STREET ADDRESS CITY ST-2P THE NAME STREET ADDRESS CITY ST-2P THE NAME STREET ADDRESS CITY ST-2P THE NAME STREET ADDRESS CITY ST-2P THE NAME STREET ADDRESS CITY ST-2P THE DELETE 5.1 TITLE DELETE 6.1 TITLE Change Change THE NAME STREET ADDRESS CITY ST-2P THE DELETE 6.1 TITLE DELETE 6.1 TITLE CHANGE STREET ADDRESS CITY ST-2P THE NAME STREET ADDRESS CITY ST-2P THE STREET ADDRESS CITY ST-2P THE STREET ADDRESS CITY ST-2P THE STREET ADDRESS STREET ADDRESS CITY ST-2P THE STREET ADDRESS STREET ADDRESS CITY ST-2P THE STREET ADDRESS CITY			☐ DELETE			[] Chan	ge 🗍 Addition
CHYST-ZP TRUE DELETE 4 1 TITLE Change NAME 42 NAME 42 NAME 43 STREET ADDRESS CHY-ST-ZP 44 CITY-ST-ZP TRUE DELETE 5.1 TITLE Change NAME 52 NAME STREET ADDRESS CHY ST-ZP 54 CITY-ST-ZP TRUE DELETE 6.1 TITLE Change NAME 52 NAME STREET ADDRESS CHY ST-ZP 54 CITY-ST-ZP 14. 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)(N). Fiorida Statutes. If and carries in Block 12 or Block 13 if changed, or on an altachment with an address. SIGNATURE:			<u> </u>				
TITLE NAML STREET ADDRESS CITY-ST-ZP INTEF DELETE 4 1 TITLE 42 NAME 42 NAME 43 STREET ADDRESS CITY-ST-ZP INTEF DELETE 5 1 TITLF STREET ADDRESS CITY-ST-ZP THE DELETE 5 3 STREET ADDRESS CITY-ST-ZP THE DELETE 5 1 TITLE Change				1			
STHEF ADDRESS CITY-ST-ZP THEF DELETE 5.1 THLF STREET ADDRESS CITY-ST-ZP DELETE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZP THLF DELETE 6.1 THLE Change Change Change Change ACTY-ST-ZP 14. 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. If contriby 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE:			☐ DELETE			☐ Chan	ge 🔲 Addition
CHY-ST-ZP DELETE DELETE 5.1 THLF SPAME 52 NAME 53 STREET ADDRESS CHY-ST-ZP THLE DELETE 5.1 THLE DELETE 5.1 THLE DELETE 6.1 THLE 6.1 THLE Change Chang	NAME						
DELETE DELETE DELETE S.1.TRUF DELETE S.1.TRUF DELETE S.2.NAME STREET ADDRESS S.3.STREET ADDRESS S.3.STREET ADDRESS S.4.CRY - ST- ZIP DELETE DELETE S.1.TRUE DELETE DELETE S.1.TRUE DELETE DELETE S.1.TRUE DELETE D							
STREET ADDRESS CITY 51-7IP TILE DELETE DELETE 5.4 CITY - ST- ZIP 6.1 TITLE 6.2 NAME STREET ADDRESS CITY - ST- ZIP 14. I do hereby certily 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. If 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE:			☐ DELETE			Char	ige 🔲 Addition
CITY 51-7IP Title							
THE DELETE 6.1 TITLE 6.2 NAME STREET ADDRESS CITY ST ZP 14. 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 the 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE:							
STREET ADDRESS CITY: 57-7P 14. 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 for 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 oath; that I am an officer or director of the corporation or this receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE:			☐ DELETE			☐ Char	ige Addition
14. 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 the 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE:							
14. 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 the 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE:	City - S' - Zi ^o			6.4 CITY - ST - ZIP			
SIGNATURE: 7-21-96 457-274-316	14. I do hereb certify that oath; that	t the information indicated on this annu I am an officer or director of the corpo	al report or supplemental ann ration or the receiver or truste	ished and does not qualify ual report is true and accur e empowered to execute the	ate and that my signature shall have the	same legal effect	as if made under
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date	•	URE:	Fell		7-21-96	457-270 Destroe P	13182