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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # P95000011130 (8 |
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AILEEN NAJA JOSEPHS, P.A.

| Principal | Place | of | Business |
|-----------|-------|----|-----------------|



| | | Mailing Address | | i iganisen inn teint Gilli Gelli A | |
|--|---|---|--|--|--|
| | apeake cir. 1 Beach Fl. 33409 | 2457 CHESAPEAKE WEST PALM BEACH | CIR. FL 33409 | | |
| 2 Principal E | lace of Business | | | 3. Date Incorporated or Qualifie 02/06/1995 | d 3a. Date of Last Report |
| 21 2001 | alm Bevel Lake Blod | 2a. Mailing Address | Beach lukes Bh | 4. FEI Number | Applied For |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | ocacic valket bit | 65 -03 // | Not Applicabl |
| 22 Suite | 300-k | 27 Svite 30 | 10-k | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | Im Brach, FI. | City & State Paul | m Beach, Fr | 6. Election Campaign Financing | □ \$5.00 May Be |
| 2 334c | Country | Zip | Country | | Added to Fees or intangible tax under s 199,032, |
| 24 35 10 | | 29 33409 | 30 U·S·A | Florida Statutes Ye | es No |
| | 9. Name and Address of Curre | nt Registered Agent | | 10. Name and Address of New | Registered Agent |
| (OCED) | M ARPENIN | | 81 Name | | |
| 3457 CL | RS, AILEEN N | | 82 Street Add | dress (P.O. Box Number is Not Accepta | able) |
| AWEST D | IESAPEAKE CIR. ALM BEACH FL 33409 | | | — · · · · · · · · · · · · · · · · · · · | where y |
| "HEOI F | ALM DEACH FL 33409 | | 83 | | |
| | | | 84 City | | ■ 85 Zip Code |
| 11. Pursuant t | o the pravisions of Sections 607 0503 | and 607 1500 (1-11-6) | | | FL 85 Zip Code |
| or register | ed agent, or both, in the Stale of Florid | da. Such change was authori. | tes, the above named corporation's boa | pration submits this statement for the pr and of directors. Thereby accept the ap | urpose of changing its registered offici |
| | h, and accept the obligations of, Sect | ion 607.0505, Florida Statute | s | a a or allocators. Thereby accept the ap- | pointment as registered agent. I am |
| SIGNATURE | _ · · · · · · · · · · · · · · · · · · · | | | | |
| | Signature, typed or printed name of registered agent | and the tags death and | All all the state of the | | |
| 12. | Signature, typed or printed name of registered agent OFFICERS AND | | OIE Risk the of Aprel Suprature require | | DAH |
| 12. | Signature, typed or printed native of registered agent OFFICERS AND | | 13. | | FICERS AND DIRECTORS IN 12 |
| 12. Title | OFFICERS AND | D DIRECTORS | 13. | | |
| 12. TITLE NAME | OFFICERS AND D JOSEPHS, AILEEN N | D DIRECTORS | 13. 1.1 TIFLE 12 NAME | | FICERS AND DIRECTORS IN 12 |
| 112. Title Name Street address | OFFICERS AND | D DIRECTORS | 13. 1.1 TITLE 12 NAME 1.3 STHEET ADDRESS | | FICERS AND DIRECTORS IN 12 |
| 12. Title NAME STREEL ADDRESS DITY-ST-ZIP | D JOSEPHS, AILEEN N 2457 CHESAPEAKE CIR. | D DIRECTORS | 13. 1. 1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CHY-SI-ZIP | | FICERS AND DIRECTORS IN 12 Change Addition |
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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. I further 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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _

2/1/96 4076409612