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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

P95000012346 (9)

Principa' Place o		Mailing Address 129 NURMI DRIVE FORT LAUDERDALE	FL 33301					
2. Principal Plac	of Rusings			3. Date incorporate 02/10/199		3a, Date	of Last	Report
21 2400	EAST LASOLAS BLYO	2a. Mailing Address 26 2400 FAST	LAS OLAS BU	4. FEI Number	56 82	o Q		Applied For
Suite, Apt. #,	etc.	Suite, Apt. #, etc.	DIG OFIIS DE			<u>5 J</u>	607	Not Applicable
22 <b>4 126</b> Oity & State		27 4 126		5. Certificate of Sta	itus Desired			5 Additional Required
	UDERDALE FLORIDA  Country		RUALE, FLORIC	6. Election Campai Trust Fund Cont				00 May Be ed to Fees
4 3330	1 25 11CA	29 33301	Country 30 USA	8. This corporation	has liability for in	ntangible ta	x under s	199.032,
	9. Name and Address of Current	Registered Agent	1301 031	Florida Statutes 10. Name and Add	Yes			<del></del>
MATHEMO	ON 141450 44		81 Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ogiatered ,	-gent	
129 NURA	ON, JAMES M JI DRIVE		82 Street A	ddress (P.O. Box Number i	Not Acceptable	e)		<del></del>
	JDERDALE FL 33301		83 7	io east laso	LAS BO	XEVAR	<u>,0</u>	
			<b>₹</b> (7	26				
			84 City FORT	LAUDERDAC	<u></u>	FL	85 Z	ip Code
or registered	the provisions of Sections 607,0502 at agent, or both, in the State of Florida and accept the obligations of, Section	nd 607.1508, Florida Statuti Such change was authoriz	es, the above named cor	poration submits this staten	nent for the purp	ose of char	naina its	(330) redistered office
	and accept the obligations of, Section	607.0505, Florida Statutes	s.	idard of directors. I hereby a	iccept the appoi	intment as r	egistered	agent. I am
SIGNATURE s <sub>u</sub>	mature, typed or printed name of registioned agent and	of bitle if applicable (No)	TE: Registered Agent signature rec					
12.	OFFICERS AND [			wred when reinstating)		DATE		
		DITTE.OTORIO	13.	ADDITIONS/CHA	MODE TO OFFICE	VECO 4410		
		DELETE	13.	ADDITIONS/CHA	NGES TO OFFIC			
NAM:			1. 1 TIPLE 1.2 NAME	President James M.NA7	HENON		DIRECTO Change	DRS IN 12 Addition
IAME Prefit adoress			1.1 TIPLE 1.2 NAME 1.3 STREET ADDRESS	PRESIDENT JAMES M.NAT 177 BAYSHOR	HENSON E DRIVE	* 606 □	Change	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES 1000

JAN.15,1896

(954) 566-7507