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

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DOCUN 1. Corporation	MENT # Name	P950000	13486	(2)	······································						
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F I FW	- C C		III. a. A.Jah. a.a.								
·			iling Address								
1253 UNIVERSITY DRIVE SUITE 309			1253 UNIVERSITY DRIVE SUITE 309								
CORAL SPRINGS FL 33071			CORAL SPRINGS FL 33071				3. Date Incorporated or Qualified 02/16/1995	3a. Date	of Last Re	eport	
2. Principal Pla	ice of Business	28.	Mailing Address				4. FI Number	.1		Applied For	-
21		26	. 15				65.05585	90	4	Not Applicable	
Suite, Apt. #	t, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required	
City & State			City & State				6. Election Campaign Financing			May Be	
23		28					Trust Fund Contribution	LJ	Added	d to Fees	
Ž ip 24	Counti	y 29	<i>2</i> p	30 Cou	ntry		8. This corporation has liability for Florida Statutes Yes		x under s	199.032,	
24)		ess of Current Regist	ered Agent	130			10. Name and Address of New F		Agent		
					81 Na	me					
	ey, Sharon				82 Str	eet Addre	ss (P.O. Box Number is Not Acceptat	vle)			
	INIVERSITY DRIVE				83		FIE 1771A. AND MAIN AND AND AND AND AND AND AND AND AND AN				
SUITE	309 _ SPRINGS FL 3307	1							11 -	0.1	
					84 Cit	-		FL		p Code	
11. Pursuant to	o the provisions of Sect	ions 607.0502 and 607	1508, Florida Sta	atutes, the abo	ve-name	d corpora	tion submits this statement for the pu d of directors. I hereby accept the app	rpose of cha	inging its r	egistered office	ə
familiar with	h, and accept the oblig	ations of Section 607.0	505, Florida Statu	ries.	JOI DOI ALA	JI 13 DOGG	of directors. Thereby decopy the app	on the fort do	rogistoroa	tigoria i am	
SIGNATURE _	Signature, typed or product name	of resident about and the It a	randro Aldes	(NOTE: Regionared	Agent signa	itura required	when reinstating	DATE			
12.		OFFICERS AND DIREC		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO		CR2E034 (12/95)
TITLE	President (SPRIL	DELETE	1.11	ITLE	Pro	esident, U, T, S	_	Change	Addition	12
NAME	Showerd A	V-1-77-1016	7	1.2 N		Sh	aron Ann Ritch	ey			얼
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4. I do hereby certify that the information supplied with this filling is vo'untarily 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 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:

ATTURE AND TYPED OF PRINTED NAME OF SIGNING OF PICER OR DIRECTOR

4/23/96 954.345.0680