## 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

Supplied For   Supp		& WELLNESS CE	O14785 (6) INTERS, INC.	-					
## Country   2a   Maing Address   2a   Maing Address   3a   Time	incipal Piace of Business 5479 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33308		5479 NORTH FEDERAL HIGHWAY						
Solte, April et etc.    Solte, April etc.   So						· ·	Qualified 3a. I	Date of Last F	Report
Sate, Apt. 4, edc.    Sate   S	impipal Place of Business	<u></u>	2a. Mailing Address			4. FEI Number	1/212		
Solution			- 1	·		65 7053	SUPPLO		
Country   Zpp   Country   B. This corporation has beinly for intemplate fault under a 190 GDZ, Prioritis Statuties   Name and Address of Currient Registered Agent	uite, Apr. 8, Bus	2				5. Certificate of Status De	esired		
This Fund Continuation     Addition     Addition	ty & State					6. Election Campaign Fin	ancing _	<del> </del>	
9. Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent							<u> </u>	Adde	d to Fees
9. Name and Address of Current Registered Agent  AMERILAWYER 333 ALMERIA ACENUE CORAL GABLES FL 33134  84	P	1 · ·	7		ntry				199.032,
AMERILAWYER 343 ALMERIA ACENUE CORAL GABLES FL 33134  84	£	de la companya de la	and come and a contract to the contract of	30		1	· · · · · · · · · · · · · · · · · · ·		
AMBRILAWYEN 333 ALMERIA ACENUE CORAL GABLES FL 33134  B4  City - LAMBERT FL  B5  B5 B0 S  Addition  FL  B5  B5 B0 S  Addition  B4 City - LAMBERT FL  B5  B5 B0 S  Addition  FL  B5  B5 B0 S  B5 B0 S  Addition  FL  B5  B5 B0 S  B5 B0 S  Addition  FL  B5  B5 B0 S  B5 B0 S  Addition  FL  B5  B1 LINE  FL  B5  B5 B0 S  B5 B	<b>.</b>		<u> </u>		81 Name 🐧				
333 ALMERIA ACENUE CORAL GABLES FL 33134  24 City C.F. LANCE CARL E. FL. S5 26 200 2	AMERILAWYER				82 Street Addr	ess (P.O. Box Number is Not	Acceptable)	<u>'                                    </u>	<del></del>
Section   Control   Cont		E			64	79 A North	Federa	1 HWU	
AMBRESS AMORESS AMORES	CORAL GABLES FL 3	3134			83			,	
Turs. Ent to the provisions of Sactions D07.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office in registered significant of states. The composition of spirits of spirits of states are spirits of the provisions of spirits					84 City		· · · · · · · · · · · · · · · · · · ·	65 Z	ip Code
In rigiditing display a position of the State of Parida, Auch changer was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am minition with graph compiled position of the provided	. To to take or and the consistence	-4.0-15	1007 1500 51- 1-1-	4 46	17				
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DELETE 6 1 TITLE Change Addition 62 NAME 63 STREET ADDRESS 61 ZIF do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further restrictly 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	ADURESS			538	REET ADDRESS				
6.2 NAME 6.3 STREET ADDRESS 5.1-Zif  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 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	\$1-709						·		
6.3 STREET ADDRESS 5.2/If 6.4 City-SI-2/IP 6.4 City-SI-2/IP 6.4 City-SI-2/IP 6.5 City-SI-2/			☐ DELETE					∐ Change	
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centry 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 court in an other of director of the compration of the prociver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name expects in Block 12 or Block 13 if changid, or on an attachment with an address.	I do hereby certify that the			nished and	does not qualify f				
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