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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham:

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000025598 (0)

1000	INDODDOD	4455
VHIM	INCORPOR	(AIFI)

Principal Place of Business

1316 MANDARIN ISLE

1. Corporation Name

Mailing Address

1316 MANDARIN ISLE FT LAUDERDALE FL 3331



FT LAUDERDA	ALE FL 33315	ft lauderdale fl	33315		
				3. Date Incorporated or Qualified 03/30/1995	3a. Date of Last Report
2. Principal Pla	ice of Business	2a. Mailing Address		4. FLI Number	Applied For
21 61	2 SE 5th Ave	26 612 SE	5th Ave	65 056839	5 Not Applicable
Suite, Apt #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Dusired	\$8.75 Additional
22 Su	ite 4-U	27 Suite 4	1 – U		Fee Required
City & State		City & State 28 Ft. Lai	iderdale,	FL Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Ft	Lauderdale, FL	Ζφ 2φ	Country	8. This corporation has liability fo	
_ `	301 25 USA	33301	30 US		es No
241 33	9. Name and Address of Curren		1001	10. Name and Address of New	Registered Agent
			81 Nar		
KARENTZ	z, Christopher		82 Stre	n/a et Address (P.O. Box Number is Not Accepta	ahio)
	NDARIN ISLE		02 Sile	RELANGUESS (F.O. EXX MEII SEE IS NOT A COSPE	xolo,
	ERDALE FL 33315		83		
,			84 City		85 Zip Code
				d corporation submits this statement for the p	FL
or registere familiar wit SIGNATURE	ea agent, or both, in the State of Flor th, and accept the obligations of. Sec Christopher Ka Sgnature by ed or process name of regulated sec	riclo Such change was authorition 607.0505, Florida Statu arentz	irized by the corporatio	n's board of directors. Thereby accept the ap	xpointment as registered agent. Lam 01 May 1996
12.		NO DIRECTORS	13.		FFICERS AND DIRECTORS IN 12
TIFLE	I DPS	DELETE	1 1 TITLE		Charge: Addition
NAME	KARENTZ, CHRISTOPHER		1.2 NAME		
STREET ADDRESS	1316 MANDARIN ISLE		1.3 STREET ADDRE	ss	
CITY-ST-ZIP	FT LAUDERDALE FL 33315		1.4 CI!Y - S1 - 2IP		
TITLE		DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRE	SS	
CHTY - ST - ZIP			2.4 CITY - \$1 - ZIP		
TITLE		☐ DELETE	3 1 TIFEE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3/3 STREET ADOR	158	
City - \$1 - 21P			3 4 CiTY - ST - ZiF		
TITLE		☐ DELFTE	4 I TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 SIMEET ADDRE	ss	
CHTY - ST - ZIP			4 4 C1TY - ST - ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEET ADDRE	ss	
CITY+ST-ZIP			5.4 Cl*r - S1 - 7i2		
TITLE		DELETE	6 1 TiTLE		Change Addition
NAME			6.2 NAME		
STREFT ADDRESS			6.3 STEELT ADDR	SS	
CITY - ST - ZIP			6 4 CITY - ST - ZIP		
	a codify that the information supplied	Loute this filed is voluntarily f		qualify for the exernation stated in Section 1.	19 07(3)(k) Florida Statutes I further

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 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: _

BIONATURE AND TYPES OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR Christopher Karentz

01 May 1996

954-525-1517

Daytene Phone #