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

1996

DOCUMENT #

P95000026670 (6)

TIME OF MIAMI, INC.

Principal Place of Business	Mailing Address
800 E. HALLANDALE BEACH BLVD.	800 E. HALLANDALE BEACH BLVD.



HALLANDALE FL 33009		HALLANDALE FL 330	HALLANDALE FL 33009				
					3. Date Incorporated or Qualified 03/21/1995	3a. Date of Last F	Report
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
21					65-0602115		Not Applicable
Suite, Apt. #, etc. 27		F1	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	5 Additional Required
City & State		Orty & State			6. Election Campaign Financing	_ \$5.0	00 May Be
23		28	·		Trust Fund Contribution	Adde	ed to Fees
Zip 24	Country	Ζφ 29	Gounti	У	8. This corporation has liability for Florida Statutes ☐ Yes	intangible tax under s	199.032,
	9. Name and Address of Co	urrent Registered Agent			10. Name and Address of New F	registered Agent	
10800 Suite	erg, douglas Biscayne Blvd. 620 I Miami Fl 33161		8:	Street Add Q	PE SHAKTMAN Press (P.O. Box Number is Not Acceptable E. HALLA NEALE	BLUP 85 Z	In Code
SIGNATURE	id agent, or both, in the State of n, and accept the pulgations of	0502 and 607.1508, Florida Statute Florida Such change was authorize Section 607.0506, Florida Statutes.	s the above	named corpo poration's bod	TEANDAL 4 reation submits this statement for the put and of directors. Ehereby accept the app	roose of changing its	33009
12.	- / - /	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		ORS IN 12
TITLE	D	DELETE.	1 1 11116			Change	····
NAME	SHAKTMAN, JOE		1.2 NAME				
STREET ADDRESS	800 E. HALLANDALE B	EACH BLVD.		T ADDRESS			
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CITY				
TITLE		DELETE	2 1 Til; (☐ Change	Addition
NAME			2.2 NAM8				_
STREET ADDRESS			2 3 STREE	: LADDRESS			
CITY - ST - ZIP			2.4 CiTy -	ST-ZIP			
TITLE		DELETE 3.1			☐ Change ☐ Addisio		Add tion
NAME			3.2 NAM(
STREET ADDRESS			3.3 STRE	E! AODRESS			
CITY-ST-ZIP			3.4 C/TY -	ST-ZIP			
TITLE		☐ DELETE	4 1 1111.6			☐ Change	Add tion
NAME			4.2 NAM6				
STREET ADDRESS			4.3 STREE	EL ADDRESS			
CITY-ST-ZIP			4.4 CHTY -	ST-ZIP			
THTLE		DETELF	5 1 11/11/1			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3.51#81	: LACORESS			
CITY - ST - ZIP			5.4 CITY -	\$1 - 7IP			
TITLE		DELETE	6 1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STHE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY	ST - 7.P			
14. I do hereby certify that oath; that I appears in	certify that the information supports the information indicated on this am an officer or director of the collect 12 or Block 13 if managed	blied with this filing is voluntarily furnic agricual report or supplemental annu- or poration or the receiver or trustee or on an attachment with an addre	shed and do lai report is to empowered ess	es not qualify rue and accura I to execute th	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 607, Fi	07(3)(k), Florida State same legal effect as orida Statutes, and tr	ites. I further if made under nat my name

SIGNATURE:

ATURE MYS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayto e Phone #