FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



PLORIDA DEPAREMENT OF STATE

Sandra B. Mortham *Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000027153 (2)

1. Corporation		1027 103 (2)					1888: HARI BIIRA III IR
Principa! Place	of Business	Mailing Address			**	ODNI BORR MON	FORTH HOUSE DIESE FELL TORI
6390 INDIANTOWN RD SUITE 30 CHASEWOOD PLAZA JUPITER FL 33458		6390 INDIANTOWN RD SUITE 30 CHASEWOOD PLAZA JUPITER FL 33458					
9011121112	0100	2011121112 00430			3. Date incorporated or Qualified 04/03/1995	3a. Date o	of Last Report
2. Principal Pla	ce of Business	2a. Mailing Address		,	4. FEI Number 39-33/9	3/20	Applied For
Suite, Apt. #	i oto	الم ين (26 \26 \26 \26 \26 \26 \26 \26 \26 \26	AKT NU CL	was	101 -	700	Not Applicable
22	, 610.	27 33/		•	5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. Election Campaign Financing		\$5.00 May Be
23		28 /1 Alm Cut	4 H		Trust Fund Contribution		Added to Fees
Zip	Country	71 246 .	Country	ا دو دسمیسی	8. This corporation has kability for	intangible tax	under s. 199.032,
4	25 9. Name and Address of Current	L	30 ////	VIN	Florida Statutes Yes 10. Name and Address of New F	Pagistered A	nant
	5. Name and Address of Correll	negistered Agent	81 N	ane	IV. Halle and Address of New F	iegistereu A	Rein
GLIMSON	I, RICHARD P					-1-3	
	NANTOWN RD		82 S	treet Addre	ess (P.O. Box Number is Not Acceptat)(O)	
	CHASEWOOD PLAZA		83				
	FL 33458		84 C	-ty			85 Zip Code
			04	· i y		FL	63 Zip Code
familiar with	ed agent, or both, in the State of Florida n, and accept the obligations of Section Signature (great or product recent frequency) agents	in 607.0505, Florida Statutes	Rejete od Agent sig		who midding	DATE	
12.	OFFICERS AND	DIRECTORS F. DELETE	13. 1 1 TiTu£	[ADDITIONS/CHANGES TO OFF	<u></u>	Change Addition
NAME	HIRSCH, EUGENE B	, 000.70	1.2 NAME				Orlange 7/03/(5/)
STREET ADDRESS	1309 SE CORAL REEF ST		UB STREET ADD	IRE SS			
CITY-ST-ZIP	PORT ST LUCIE FL 34983		1.4 CITY - \$1 - ZI	Р			
TITLE		DELETE	2 1 111 cE				Change Addition
NAME	` `		2.2 NAME				
STREET ADDRESS	•	•	2 3 STREET ADD				
CITY-ST-ZIP		T DELETE	2 4 CITY - ST - ZI	P			Change Addition
TITLE NAME			3.1 HILE 3.2 NAME			L	Cuaride T Whatight
STREET ADDRESS			3.3 STREET ACK	ORESS			
CITY-ST-ZIP			3.4 CITY - ST - ZI				
TITLE	en e	☐ DELETE	4 1 111 <u>1</u> F	·			Change Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADD	RESS			
C11Y-S1-ZIP			4 4 CITY - SI - ZI	P			
TITLE		☐ DELETE	5 1 TIT: E				Change
NAME PIRCEL ADDRESS			5.2 NAME	nece.			
STREET ADORESS			5.3 STREET ADD				
CITY - ST - 21F TITLE		DELFTE	5 4 City-St Zi	r			Change Addition
NAME			6.2 NAME				
STREET ADDRESS			G 3 STREET ADD	IRESS			
CITY-ST-ZIP			6.4 CITY-ST ZI				
certify that oath; that I	certify that the information support with the information indicated on this annual am an officer or director of the corporation of 12 or Block 13 it channed or or street.	il report or supplemental annual ation or the receiver or trustee o	report is true a mipowered to €	nd accurat	e and that my signature shall have the	i same legal e	ffect as if made under

SIGNATURE: A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR