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

PROFIT CORPORATION ANNUAL REPORT



FLOBIDA DE**PA**RTMENT OF STATE Sandr**a** B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS						
1. Corporation	MENT # P	95000029	• •			
WORL	n cruss antomi	ulive Hepair, in	<b>.</b> ,		Hadinari diba dalah birik barik b	I Bren deren hinda indek ander diene hind kom
Principal Plac	e of Business	Mailir	ığ Address			
1314 N. FED			N. FEDERAL HWY.			
DELRAY BEA	ACH FL 33484	DE1.	RAY BEACH FL 33484	ı		
					3. Date Incorporated or Qualified 04/17/1995	3a. Date of Last Report
2. Principal P	lace of Business	2a. M	ailing Address		4. FEI Number	Applied For
Suite, Apt	# ata	26			69-05/500	Not Applicable
22	#, OLC.	27	.ite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	····-	ity & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip <b>24</b>	Countr 25	y		Country 30	8. This corporation has liability for in Florida Statutes Yes	
<u> </u>		ss of Current Register			10. Name and Address of New Ri	
				81 Name	Paul Bonko	
AMERILAWYER				82 Street	Address (P.O. Box Number is Not Acceptable	·), ,/ ,
343 ALMERIA AVE.				83	1314 N. Federal	HWY
CORAL	GABLES FL 33134			63		
				84 City	rolon, Bon-A	FI 85 7 50 50 50 50 50 50 50 50 50 50 50 50 50
11. Pursuant	to the provisions of Secti	ons 607,0502 and 607.1	508, Florida Statutes	the above named co	poration submits this statement for the purp	pose of changing its registered office
familiar w	ith, and accept the obliga	State of Honea, Such or Hons of, Section 607.050	iange was authori <b>zed</b> 35, Florida Statu <b>tes</b> .	by the corporation's	proration submits this statement for the purp board of directors. Thereby accept the appo	intment as registered agent, I am
SIGNATURE	Tal	KK	-	Pagistored Agent's gnature re	nko President	5/17/96
12.		of registario agent and tille happli DEFICERS AND DIRECTO		Hegistored Agent's gnatura re	aguired when reinstallings  ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12
TITLE	Anthony 3	allinger	<b>S</b> QUELETE	1 1 111LE	Paul Benko	Change Addition
NAME	1211	(elano) e	live	1.2 NAME	Propietont	
STREET ADDRESS	3000	Zon to C	Axued	1.3 STREET ADDRESS	1314 N. Rederk	Hery
CITY - S1 - ZIP TITLE	Dellay 6	exes in	□ DELETE	1.4 CITY~ST~ZIP 2. 1 T!TLF	Deliny Benen	Change Addition
NAME	_		[] brear	2.2 NAME	•	Change Addition
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-S1-7IF				2.4 City-St-ZiP		
TITLE			DELETE	3 1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZiP			DELETE	3.4 CHTY-ST-ZIP 4.1 THTLE		Change Addition
NAME				4 2 NAME		L o rouge E monitori
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 C/TY - ST - Z/P		
TITLE	}		DELETE	5 1 TITLE		Change Addition
NAME SIDEET ADVIDEOS				5 2 NAME	80000100	vecan
STREET ADDRESS CITY-ST-ZIP				5.3 STREET ADDRESS 5.4 City - St - ZIP	<b>80000183</b> -05/23/960100 ***225.00	13139 //1_
TITLE	1		DELETE	6. 1 TILE	***225.00	Chapge Addition
NAME				6.2 NAME		233
STREET ADDRESS				6.3 STREET ADDRESS		5
D/TY-ST-ZIP	v certify that the informat	ion cumpled with the Are-	n in polyentrul, & mil-1	6.4 CITY-\$1-ZIP	Buton the general and the state of the state	700// 5-14-51

I no nereby certify that the information supplied with this fring 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 of an all achiment with an eddress.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/96 407-272-1667