FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 18 1997 8:00am

Secretary of State

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CGU 32 VA

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000032392 (9)

1. Corporation Name

CITY-ST-ZIP

	ce of Business	Mailing Address					
2420 NW 67 ST BOCA RATON FL 33496		2420 NW 67 ST BOCA RATON FL 33496-36	i40				
					3. Date Incorporated or Qualified 04/21/1995	3a. Date of Last F 05/01/1996	Report
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26		65-0582121		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired	
City & Stat	10	City & State			6. Election Campaign Financing		
23		28		Trust Fund Contribution		May Be to Fees	
Zip			Country		8. This corporation has liability for i		
24	25	29	30		Florida Statutes	Yes 🔲 No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re-	gistered Agent	
	HINSKY, LEONARD		81	Name			
1 '''	60 E HALLANDALE BEACH BLVD)	82	Street Addre	ess (P.O. Box Number is Not Acceptab	ile)	
	ITE A						
[HAI	LLANDALE FL 33009		83				
1			84	City		FL 85 Zip	Code
44 Durauant	to the provisions of Spations 607.06	02 and 607 1509. Elevida Statute	on the above	named corp	oration submits this statement for the n	1	ite renietered
office or	registered agent, or both, in the Stat	e of Florida. Such change was a	uthorized by	the corporation	pration submits this statement for the pon's board of directors. I hereby accep	of the appointment as	registered
	am familiar with, and accept the obliq	gations of, Section 607.0505, Fig	rioa Statutes				
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable (NOTE	: Registered Age	nt signature require	d when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 12
TITLE	D DELETE		1.1 TIFLE			☐ Change	Addition
NAME	CUMMIS, MARC L		1.2 NAME				
STREET ADDRESS	2420 NW 67 ST		1.3 STREET	ADDRESS			
CITY - ST - ZIP	BOCA RATON FL 33498		1.4 CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·		
THILE	_		2.1 THLE		•	☐ Change	Addition
NAME	CUMMIS, DEE M		2.2 NAME		•		
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33496		2 4 CITY - ST - ZIP				- Addition
TIFLE	☐ DELETE		3 1 TITLE			∐ Change	Addition
NAME			3.2 NAME	+DB050B			
STREET ADDRESS			3 3 STREFT				
CITY-ST-ZIP TITLE		DELETE	3 4. CITY - S	1-ZIP		Change	Addition
NAME		La Detere	4.1 IIILE 4.2 NAME			change	L. Addition
STREET ADDRESS			4 3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ı			
THILE		DELETE	5 1 TITLE	1 - C L		Change	Addition
NAME		_	52 NAME			_ •	_
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S				
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.