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

Principal Place	RT K. DAWES, P.A. of Business I UNIVERSITY DRIVE	Mailing Address 4801 SOUTH UNIVERS SUITE 312 DAVIE FL 33328	ITY DRIVE	3. Date Incorporated or Qualified	3a. Date of Last	
* D: -// DI	- ID Comment of the c		· · · · · · · · · · · · · · · · · · ·	04/28/1995 4. FEt Number	<u> </u>	T
2. Principal Pia 1	ace of Business	2a. Mailing Address		65-0586061	-	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			\$8.7	5 Additional
22		27		5. Certificate of Status Desired	1 1	e Required
City & State)	City & State		6. Election Campaign Financing	\$5.	00 May Be
3		28		Trust Fund Contribution		led to Fees
Zip]	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes ☐ Yes	intangible tax under Di No	s 199.032,
*1	g. Name and Address of Current		1301	10. Name and Address of New F		
DAVIE F	, ROBERT K DUTH UNIVERSITY DRIVE 600 HT2 Plantation , E H L 83328	33317	83 3 84 City 0.			Zin Codo
or register	o the provisions of Sections 607.0502 and agent, or both, in the State of Florida th, and accept the obligations of Section	 a. Such change was authorize 	es, the above-named cored by the corporation's t	rporation submits this statement for the purposed of directors. I hereby accept the app	rpose of changing its continent as register	Zip Code 333/7 s registered office ed agent. I am
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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.

64 CITY-ST-ZIP

SIGNATURE: _

4/10/96 (954) 434-8545