## 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

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1. Corporation	MENT # P950 NAME OF THE NAME O		4983 (3	3)	<del></del>		<b>11</b> 11 <b>13</b> 111 1011 101	00 1000 BIBIO 1910	
Principal Place	e of Business	Maili	ng Address						
441 SOUTH FEDERAL HIGHWAY DEERFIELD BEACH FL 33441			South Federal Erfield Beach F						
						3. Date Incorporated or Qu 05/01/1995	ralified 3a.	Date of Last P	leport
—- n	ace of Business	F	failing Address			4. FEI Number	170	F	Applied For
Suite, Apt	# atc	26	Suite Ant to obe			LUMPHECL.	rok.		Not Applicable
22	n, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Des	sired []		Additional Required
City & State	)		City & State			6. Election Campaign Final	ncina		May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	<del></del>	,ib	Country		8. This corporation has liab	olity for intangib	a tax under s	199.032,
24	25   9. Name and Address of Cur	29 tent Registe	red Agent	30	—	Florida Statutes  10. Name and Address of	Yes N		
	0, 110010 and 11001000 01 001		ngoilt	81	Name	IV. Hame allo Audiess O	i ivew negiste	eo Agent	
11. Pursuant t	to the provisions of Sections 607.0 ed agent, or both, in the State of Fith, and accept the originations of Sections 607.0 ed.	lorial. Such c	1508 Mida Syl name was shor SA, Flogis Halute	ites, the above na ized by the corpor	City imed corpora ration's board	ition submits this statement for d of directors. Thereby accept		-L	p Code registered offic Lagent, Lam
SIGNATURE _	Sig saling typed or printed name of registered a	gens and the drapp	Me (	VOTE: Registered Agents	signal are responsib	when renetating	DA	7/22/	28
12.	T	AND DIRECTO		13.		ADDITIONS/CHANGES	TO OFFICERS /	ND DIRECTO	
TITLE	D CHILANDOON WEARITH		☐ DEFE LE	1 1 THLE				Change	Addition
NAME COURT ADODESC	SUHANDRON, KENNETH 441 SOUTH FEDERAL HIG	LITAYAV		1.2 NAME					
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HILE	DECINICED DENOTITE 33	<u> </u>	DETELE	2 1 TIT; E	ZII.			Change	Addition
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CITY-ST-7IP				24 CI 'Y-SI-	719				
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NAME				4 1 T TLE 4 2 NAME				☐ Change	Addition
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CHY ST-ZIP				4.4 CITY - ST -	}				
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C·TY-ST-7:P				5.4 CITY - S1 -		200000 t			
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NAME				6.2 NAME		***200 AU	01005.~~	016	)"11
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0.70 01.70	1			<b>5</b>	1				,

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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or justee supplemental annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an adulty.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-96 954-428-9001