## 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

DOE00003E434 (6)

1. Corporation f		500030	) PCP(	)					
Principal Place o	of Business	Mailing	Address				Bill Abill Adıbi	i itefit fleise flaf	IND HEIRE BIND TODI
Through that of East 1905			O UNIVERSITY DE	RIVE					
CORAL SPRINGS FL 33065 CORAL SPRINGS FL									
						3. Date Incorporated or Qualified 05/05/1995	3a. Dat	e of Last Re	eport
2. Principal Place	ce of Business	2a. Mai	ling Address			4. FEI Number		<b>├</b>	Applied For
21		26				65-0586275			Not Applicable
- Conto, rips: 1, 000			Suite, Apr. #. etc.			5. Certificate of Status Desired (\$8.75 Addition Fee Required			
2 City & State			City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			,
13	Country	28 Zip		Countr	v	8. This corporation has liability for	r intang ble t		
-, <sup></sup>				30	,	Florida Statutes			
24	9. Name and Address of Cu		d Agent			10. Name and Address of New	Registered	Agent	
				81	Name				
RAHAEL, GEORGE 2930 UNIVERSITY DRIVE			62	Street Add	lress (P.O. Box Number is Not Accepta	able)			
				83					
CORAL	SPRINGS FL 33065			0.	·				
				84	1 City		FI	85   Z	p Code
SIGNATURE _	Signature types or product these of registered a print at 12% happens to 12% of a print at 12% of a pr				e disgrafijo regal	e i ster og storig ADDITIONS/CHANGES TO OF	DATE FEICERS AN		
TIFLE	PRESIDENT		DELFTE	1 1 7-16	E.			Change	☐ Addition
NAME GEORGE RAHAEL STREET ADDRESS 2930 UNIVERSITY DRIVE			l		t				
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14. I do heretly 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 certify that I am an officer or director of the current on the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes for on a statishment with an address

6.4 CITY - ST - ZIP

SIGNATURE:

GEORGE RAHAEL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 753-9500

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