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

23258 TORRE CIRCLE BOCA RATON FL 33433 3. Date Incorporated or Qualified 05/08/1995 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt #, etc. 3. Date Incorporated or Qualified 05/08/1995 4. FEI Number 05 05 07 08.75 Additional Fee Required City & State 5. Election Campaign Financing 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00	1. Corporatio	n Name		P950(OLUMBO, IN		359	149 (3)				
2225 TORRE CIRCLE 2225 TORRE CROLE 8COL MITON R 3343	Principal Place	e of Business			Maling Address							
2. Phropose Place of Businesis 2a Multing Address 5a 5c Fill Mujur 5a 5c 5c 5c 5c 5c 5c 5c						23258 TORRE CIRCLE						
28 Suite, Apt. 8, etc. 27 Suite, Apt. 6, etc. 28 Suite, Apt. 6, etc. 28 Suite, Apt. 6, etc. 29 Suite, Apt. 6,												
Suite April 8, etc. Suite April 9 Ctr.		lace of Busin		· ·	Fr i						1 / AC (VAUS)	
20		#, etc.		- 26							\$9.75 4.45	
20	22				27	F						i at permitting of grands posited
20		e			- Francis						To the state of th	
25 29 30										Country		Added to Fees
COLUMBO, ANTHONY J 22258 TORRE CIRCLE BOCA RATON FL 33433 11. Pursuant to the provisions of Sections 807-6502 and 07-1508, Florida Statutes. The above named responsible statutement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was a shortest. The above named responsible statutement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was a shortest. The above named responsible statutement for the purpose of changing its registered office for registered agent, or both, in the State of Florida, Such change was a shortest. The above named responsible statutes the Telephonest de registered office for registered office or registered office or registered office of the purpose of changing its registered office of registered office or registered office of registered office or registered office of registered office or registered office of registered	24	25				F1 -			1 ′			Y
COLUMBO, ANTHONY J 2255 TORRE CIRCLE BOCA RATION FL 33433 83 84 City FL 85 Zor Code 11. Pursuant to the provisions of Sections 507 0502 and 607,1508, Florida Statutes, the above named corporation submits this statument for the pursues of changing its registered differ or registered agent, or both in the Statu of Fords Such of unge was autorized by the comporation is bord of directors. I hereby accept the approximent as registered differ familiar bits, and accept the displacers on Science 607 0505 Tracin Statutes familiar bits, and accept the displacers on Science 607 0505 Tracin Statutes SIGNATURE 2 OFFICIERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE HS AND DIRECTORS IN 12 12. OFFICIERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE HS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICE HS AND DIRECTORS IN 12 14. DIRECTORS 23.53 FORME CTACLE 15. SIGNATURE 22. TABLE 22. TABLE 22. TABLE 22. TABLE 22. TABLE 22. TABLE 23. STREET ADDRESS 24. CITY, ST. 72 14. CITY, ST. 72 14. CITY, ST. 72 14. CITY, ST. 72 15. CITY, ST. 72 16. CITY,		9. Name	and	Address of Curr	ent Reg	istered A	gent			r		10. Name and Address of New Registered Agent
23258 TORRE CIRCLE BOOK RATION FL 33433 68	001111	DO 44000	04 IV						81		Name	
BOCA RATON FL 33433 B3									82		Street Add	ddress (P.O. Box Number is Not Acceptable)
Section Control Cont									83			
11. Pursuant to the provisions 60/ 0502 and 007 1508. Florida Statutes, the above named corporation sutmits this statument for the purpose of changing its registered office familiar with, and accept the obligations of, section 607 0505. Florida Statutes by the corporation's bornal of directors. I hereby accept the appointment as registered agent. I am specified agent, or both, in the State of Florida Such obusine was a structival by the corporation's bornal of directors. I hereby accept the appointment as registered agent. I am specified agent and the provision of section 607 0505. Florida Statutes is structed by the corporation's bornal of directors. I hereby accept the appointment as registered agent. I am specified agent is structed by the corporation's bornal of directors. I hereby accept the appointment as registered agent. I am specified agent is structed by the corporation's bornal of directors. I hereby accept the appointment as registered agent. I am specified agent is a structured by the corporation's bornal of directors. I hereby accept the appointment as registered agent. I am specified agent is a structured by the corporation's bornal of directors. I hereby accept the appointment as registered agent. I am specified agent is a structured by the corporation's bornal of directors. I hereby accept the appointment as registered agent. I am specified agent appointment as registered agent. I am specified agent appointment as registered agent. I am specified agent agen	• •								84	١.	Cit.	lan T. C. I
Tanish with, and accept the chigations of. Section 607 6505. Fished Sciulets SIGNATURE SIGNATURE DELETE PACE FORCE DITTLE PACE FORCE PACE FORCE DITTLE DI	,								+		,	FI i i
SIGNATURE Spritch for protection of the protection for the content of the protection of the protec	i un register	rea agent, or	LAUL	, in the State of Fic	ภามส. ธษ	on change	e was authorize	ദ, thi d by	e above-: The corp	nar Kora	med corpo ation's boa	poration submits this statement for the purpose of changing its registered office pard of directors. Thereby accept the appointment as registered agent. Lam
12.	Tarrinias yvi	ith, and acce	pt the	obligations of, Sc	ction 60	7.0505. F	lorida Statutes	•	·			, and an end of the state of th
TITLE	SIGNATURE	Signature typed	er pan	ed na weol regulated aje	entanie fito-	Egypt Silver	(5)	ĥ Bi,	y estresis Agree	V 84	agendanse sa a	and absorber stability DATE
NAME STREET ADDRESS 23 2 5 8 TORRE CTACLE 13 STREET ADDRESS 14 CDT ST-ZPP		1 00			ND D-RE				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
DELETE D	-	press	504	INT TOOLN	M 0	Ĺ	DELETE	ı				☐ Change ☐ Addition
DELETE D	STREET ADDRESS 23258 TORRECE					ele					inni ee	
Title												
STREET ADDRESS 23 STREET ADDRESS 24 CITY - 51 - 72P							DELETE					☐ Change ☐ Addition
City - St - ZiP	NAME	AME					2.2			2 2 NAME		
DELETE DELETE 3 TITLE Addition Addition Addition S NAME STREET ADDRESS S S S S S S S S S										AD	OORESS	
NAME										1	72	
STREET ADDRESS 33 STREET ADDRESS 34 CITY - ST - ZIP TITLE												Change C Addition
TITLE	STREET ADDRESS									I AS	ODRESS :	
NAME										1-1	ZIP	
STREET ADDRESS						[□ DELETE					Change Addition
TITLE												10000100010
TITLE												-04/29/9601032028
NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6 1 TITLE NAME 67 NAME Change Addition STREET ADDRESS 63 STREET ADDRESS 11 2/1 QC		<u> </u>				<u>[</u>	OFLETE	1			£."	
CITY-ST-ZIP	NAME								5 2 NAME			<u> </u>
TITLE DELETE 6 1 TITLE Change Addition NAME 5? NAME 53 STREET ADDRESS 1 27 90									5 3 STREET	ΑD	DRESS	
NAME STREET ADDRESS 63 STREET ADDRESS 1 27 90		ļ					T DELETE			1 - 2	ZIP	FI A
STREET ADDRESS 63 STREET ADDRESS						L	_ DEEC 15	I				☐ Change ☐ Addition
16.27.97								ı		AD.	DRESS	
14 Lide baseby codes that the information considered with this flow is reducted free about 14 Lide baseby codes.								_ [4-26-96

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quarry for the exemption stated in Section 119.07(3)(x). 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 comporation of the receiver or trusted emprished to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 if changed, or on an attachment with a modress

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING DIFFICER OR DIRECTOR

800 672 7077