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

MENT # P9500038808 (8)

DECUMENT #

SIGNATURE:

	IOS D & I, INC.									
Principal Place of Business Mailing Address 1030 SOUTHWEST 91ST AVENUE 1030 SOUTHW PLANTATION FL 33324 PLANTATION F				WEST BIST AVENUE			-			
							3. Date Incorporated or Qua 05/16/1995	lified 3a. [Date of Last F	Report
. Principal Plac	e of Business	2	2a. Mailing Address 26				4. FEI Number of SS1	71		Applied For Not Applicable
Suite, Apt. #,	Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. 27 City & State			5. Certificate of Status Desired See Requir				
City & State					·	6. Election Campaign Finance	cing		O May Be	
L			28				Trust Fund Contribution			ed to Fees
- Z ір]	Country 25		Zip 29	30	Country		8. This corporation has liabil Florida Statutes	Yes Divid		3 199.002,
	g. Name and Addres			1991_			10. Name and Address of			
					81	Name				
PENA, DEBRA 1030 SOUTHWEST 91ST AVENUE PLANTATION FL 33324					82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
					83					
PLANIA	IUN FL 33324									
					84	City			FL 85 ²	Zip Code
familiar with	the provisions of Section diagent, or both, in the si, and accept the obligat	ions of, Section (607.0505, Florida Sta	itutes.						
familiar with	d agent, or both, in the st, and accept the obligat lignature, typed or crinted name of	ions of, Section (607.0505, Florida Sta title if applicable. IRECTORS	(NOTE: Regist	ered Agent		d when reinstating) ADDITIONS/CHANGES 1	DAT	TE AND DIRECT	
familiar with	d agent, or both, in the standard accept the obligation in the standard representative typed or crinted name of the part of th	ions of, Section in the section of registered agent and in	607.0505, Florida Sta	(NOTE: Regist	ered Agent 13.		d when reinstating)	DAT	TE	
familiar with IGNATURE SI 2. ILE AME	d agent, or both, in the 3 I, and accept the obligat Ignature, typed or critted name of OI PSTD PENA, DEBRA 1030 SOUTHWES	of registered agent and of FFICERS AND D	607.0505, Florida Statistic if applicable. IRECTORS	(NOTE: Regist	ered Agent	signature require	d when reinstating)	DAT	TE AND DIRECT	
familiar with IGNATURE SI 2. ILE AME REEI ADDRESS	d agent, or both, in the si, and accept the obligat Ignature, typed or crinted name of OP PSTD PENA, DEBRA	of registered agent and of FFICERS AND D	607.0505, Florida Sta	(NOTE: Registration 1)	ered Agent 13. .1 TITLE 2 NAME	signature requirer	d when reinstating)	DAT	TE AND DIRECT (1) Change	Addition
familiar with IGNATURE SI 2. ILE AME TREEI ADDRESS TY-S1-ZIP	d agent, or both, in the 3 I, and accept the obligat Ignature, typed or critted name of OI PSTD PENA, DEBRA 1030 SOUTHWES	of registered agent and of FFICERS AND D	607.0505, Florida Statistic if applicable. IRECTORS	NOTE: Regist 1 1 1 1 1 2	Pered Agent 13. 1 TITLE 2 NAME 3 STREET A 4 CITY-ST	signature requirer	d when reinstating)	DAT	TE AND DIRECT	Addition
familiar with	d agent, or both, in the 3 I, and accept the obligat Ignature, typed or critted name of OI PSTD PENA, DEBRA 1030 SOUTHWES	of registered agent and of FFICERS AND D	607.0505, Florida Sta	(NOTE Regsh 1 1 1 1 1 2 2 2	3. .1 TITLE 2 NAME 3 STREET A 4 CITY-ST 2 TITLE	signature requires ADDRESS - ZIP	d when reinstating)	DAT	TE AND DIRECT (1) Change	Addition
familiar with IGNATURE SI 2. ILE MAYE REEL ADDRESS IY-S1-7IP ILE AME IREEL ADDRESS	d agent, or both, in the 3 I, and accept the obligat Ignature, typed or critted name of OI PSTD PENA, DEBRA 1030 SOUTHWES	of registered agent and of FFICERS AND D	607.0505, Florida Sta	(NOTE Regsh 1 1 1 1 1 2 2 2 2 2	13. 1 TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 12 NAME 12 NAME 13 STREET /	ADDRESS ADDRESS	d when reinstating)	DAT	TE AND DIRECT (1) Change	Addition
familiar with IGNATURE SI 2. ILE MAME IRRELI ADDRESS ITY-S1-7IP ILE AME IRRELI ADDRESS ITY-S1-7IP	d agent, or both, in the 3 I, and accept the obligat Ignature, typed or critted name of OI PSTD PENA, DEBRA 1030 SOUTHWES	of registered agent and of FFICERS AND D	607.0505, Florida Sta	(NOTE Regsh 1 1 1 1 2 2 2	3. .1 TITLE 2 NAME 3 STREET A 4 CITY-ST 2 TITLE	ADDRESS ADDRESS	d when reinstating)	DAT	TE AND DIRECT (1) Change	Addition
familiar with IGNATURE SI 2. ILE MAYE IRRELI ADDRESS ITY-S1-ZIP ILE AME IRRELI ADDRESS ITY-S1-ZIP ILE IRRELI ADDRESS ITY-S1-ZIP ILE	d agent, or both, in the 3 I, and accept the obligat Ignature, typed or critted name of OI PSTD PENA, DEBRA 1030 SOUTHWES	of registered agent and of FFICERS AND D	INE II applicable. IRECTORS DELETE DELETE	(NOTE Regsh 1 1 1 1 2 2 2 3 3	13. 1 TITLE 2 NAME 3 STREET / 1 TITLE 2 NAME 2 STREET / 1 TITLE 2 NAME 2 STREET / 1 TITLE 3 STREET /	ADDRESS - ZIP ADDRESS - ZIP	d when reinstating)	DAT	AND DIRECT Change	Addition
familiar with IGNATURE SI 2. ILLE MAME ITY-S1-ZIP ILLE AME ITY-S1-ZIP ITY-S1-ZIP ILLE AME ITY-S1-ZIP ILLE AME AME AME AME AME AME AME AME AME AM	d agent, or both, in the 3 I, and accept the obligat Ignature, typed or critted name of OI PSTD PENA, DEBRA 1030 SOUTHWES	of registered agent and of FFICERS AND D	INE II applicable. IRECTORS DELETE DELETE	(NOTE Regsh 1 1 1 1 2 2 2 3 3 3	13. 1 TITLE 2 NAME 3 STREET A 4 CITY-ST 1 TITLE 2 NAME 2 NAME 3 STREET A 4 CITY-ST 1 TITLE 2 NAME 3 STREET A 8 4 CITY-ST 3 TITLE 8 2 NAME 8 3 STREET	ADDRESS - ZIP ADDRESS - ADDRESS	d when reinstating)	DAT	AND DIRECT Change	Addition
familiar with IGNATURE S 2. ILE MAYE REEL ADDRESS ITY-S1-ZIP ILE MAME IREET ADDRESS ITY-S1-ZIP ILE AME ITY-S1-ZIP ILE AME ITY-S1-ZIP ILE AME ITY-S1-ZIP	d agent, or both, in the 3 I, and accept the obligat Ignature, typed or critted name of OI PSTD PENA, DEBRA 1030 SOUTHWES	of registered agent and of FFICERS AND D	INE II applicable. IRECTORS DELETE DELETE	(NOTE Regsh 1 1 1 1 2 2 2 3 3 3	13. 1 TITLE 2 NAME 3 STREET / 1 TITLE 2 NAME 2 STREET / 1 TITLE 2 NAME 2 STREET / 1 TITLE 3 STREET /	ADDRESS - ZIP ADDRESS - ADDRESS	d when reinstating)	DAT	AND DIRECT Change	Addition Addition Addition
familiar with IGNATURE S 2. ILE MAME IRREH ADDRESS IY-S1-7IP ILE AME IRREH ADDRESS IY-S1-7IP	d agent, or both, in the 3 I, and accept the obligat Ignature, typed or critted name of OI PSTD PENA, DEBRA 1030 SOUTHWES	of registered agent and of FFICERS AND D	INE II applicable. IRECTORS DELETE DELETE	(NOTE Regsh 1 1 1 1 2 2 2 2 2 3 3 3 3 3 4 4	Pered Agent 13. 1 TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 2 NAME 2 STREET / 1 TITLE 3 TITLE 3 TITLE 3 TITLE 3 TITLE 3 NAME 3 STREET 3 CITY-ST 3 TITLE 3 CITY-ST	ADDRESS - ZIP ADDRESS - ADDRESS	d when reinstating)	DAT	TE AND DIRECT Change Change	Addition Addition
familiar with IGNATURE S 2. ILE AME IREEI ADDRESS ITY-S1-7IP ILE AME IREEI ADDRESS ITY-S1-ZIP ILE AME IREEI ADDRESS ITY-S1-ZIP ILE AME IREEI ADDRESS ITY-S1-ZIP ILE AME AME AME AME AME AME AME AME AME A	d agent, or both, in the 3 I, and accept the obligat Ignature, typed or critted name of OI PSTD PENA, DEBRA 1030 SOUTHWES	of registered agent and of FFICERS AND D	INE II applicable. IRECTORS DELETE DELETE	(NOTE Regsh 1 1 1 2 2 2 3 3 4 4	2 NAME 2 NAME 3 STREET A 4 CITY-ST 2 TITLE 2 NAME 2 TITLE 2 NAME 2 STREET A 3 STREET A 3 STREET 3 TITLE 3 NAME 3 STREET 3 TITLE 3 NAME 3 STREET 3 TITLE 3 NAME 3 STREET 3 TITLE 4 CITY-ST 4 TITLE 4 TITLE	ADDRESS - ZIP ADDRESS - ZIP ADDRESS 1- ZIP	d when reinstating)	DAT	TE AND DIRECT Change Change	Addition Addition Addition
familiar with IGNATURE S 2. ILE MAME ITY-S1-7IP ILE MAME IRREI ADDRESS ITY-S1-ZIP ILE AME IRREI ADDRESS ITY-S1-ZIP ILE IRREI ADDRESS ITY-S1-ZIP ILE IRREI ADDRESS ITY-S1-ZIP ILE IRREI ADDRESS	d agent, or both, in the 3 I, and accept the obligat Ignature, typed or critted name of OI PSTD PENA, DEBRA 1030 SOUTHWES	of registered agent and of FFICERS AND D	UE DELETE	(NOTE Regsh 1 1 1 1 1 2 2 2 2 2 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4	2 NAME 2 NAME 2 NAME 3 STREET A 4 CITY-ST 2 TITLE 2 NAME 2 NAME 3 STREET B 3 TITLE 3 NAME 3 STREET B 3 TITLE 3 NAME 3 STREET 3 TITLE 3 NAME 4 CITY-ST 3 TITLE 4 CITY-ST 4 TITLE 4 CITY-ST 4 TITLE 4 CITY-ST 4 TITLE 4 CITY-ST	ADDRESS - ZIP ADDRESS - ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP	d when reinstating)	DAT	Change	Addition Addition Addition Addition
Familiar with GNATURE S 2. ILE MAYE FREEL ADDRESS TY-S1-ZIP ILE MAME FREEL ADDRESS TY-S1-ZIP ILE AME FREEL ADDRESS ITY-S1-ZIP ILE AME FREEL ADDRESS ITY-S1-ZIP ILE AME FREEL ADDRESS ITY-S1-ZIP ILE FREEL ADDRESS ITY-S1-ZIP	d agent, or both, in the 3 I, and accept the obligat Ignature, typed or critted name of OI PSTD PENA, DEBRA 1030 SOUTHWES	of registered agent and of FFICERS AND D	INE II applicable. IRECTORS DELETE DELETE	(NOTE Regish 1 1 1 1 1 2 2 2 2 2 3 3 3 3 4 4 4 4 4 5 5	Pered Agent 31 Title 2 NAME 3 STREET A 4 CITY-ST 1 TITLE 2 NAME 2 NAME 3 STREET A 3 TITLE 3 TITLE 3 TITLE 3 TITLE 4 CITY-ST 3 TITLE 4 CITY-ST 4 CITY-ST 4 TITLE 4 STREET 4 TITLE 4 STREET 5 TITLE 5 TITLE 5 TITLE 5 TITLE 5 TITLE 6 TITLE	ADDRESS - ZIP ADDRESS - ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP	d when reinstating)	DAT	TE AND DIRECT Change Change	Addition Addition Addition Addition
Familiar with GNATURE SI 2. LE REEI ADDRESS IY-S1-7IP TLE AME FREEI ADDRESS IY-S1-7IP TLE AME FREEI ADDRESS IY-S1-7IP TLE AME TREEI ADDRESS AME T	d agent, or both, in the 3 I, and accept the obligat Ignature, typed or critted name of OI PSTD PENA, DEBRA 1030 SOUTHWES	of registered agent and of FFICERS AND D	UE DELETE	(NOTE Regish 1 1 1 1 1 2 2 2 2 2 2 3 3 3 3 4 4 4 4 4 5 5 5	2 NAME 2 NAME 3 STREET A 4 CITY-ST 2 NAME 2 NAME 2 STREET A 4 CITY-ST 3 STREET A 3 STREET A 4 CITY-ST 3 TITLE 3 NAME 3 STREET 4 TITLE 4 CITY-ST 4 TITLE 4 CITY-ST 5 TITLE 5 NAME 6 STREET 6 STRE	ADDRESS - ZIP ADDRESS - ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP	d when reinstating)	DAT	Change	Addition Addition Addition Addition
Familiar with IGNATURE S 2. ILE MAVE REEL ADDRESS IY-S1-7IP ILE AME IREET ADDRESS ITY-S1-7IP ILE AME	d agent, or both, in the 3 I, and accept the obligat Ignature, typed or critted name of OI PSTD PENA, DEBRA 1030 SOUTHWES	of registered agent and of FFICERS AND D	UE DELETE	(NOTE Regish 1 1 1 1 1 1 2 2 2 2 2 2 3 3 3 3 3 4 4 4 4 4 4 4 4 4	2 NAME 2 NAME 2 NAME 3 STREET / 4 CITY-ST 2 NAME 2 NAME 2 NAME 2 NAME 3 STREET / 4 CITY-ST 3 TITLE 4 CITY-ST 4 CITY-ST 5 TITLE 4 TITLE 5 NAME 4 TITLE 5 NAME 5 TITLE 5 NAME 6 NAME	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	d when reinstating)	DAT	Change	Addition Addition Addition Addition
Familiar with GNATURE 2. DLE MWE GREEI ADDRESS TY-S1-7IP TILE MME TREEI ADDRESS TY-S1-7IP TILE AME TREEI ADDRESS TY-S1-7IP TILE AME TREEI ADDRESS TY-S1-7IP TILE AME TREEI ADDRESS TY-S1-7IP TILE TREEI ADDRESS TY-S1-7IP TILE TREEI ADDRESS TY-S1-7IP TILE TREEI ADDRESS	d agent, or both, in the 3 I, and accept the obligat Ignature, typed or critted name of OI PSTD PENA, DEBRA 1030 SOUTHWES	of registered agent and of FFICERS AND D	UE DELETE	(NOTE Regish 1 1 1 1 1 2 2 2 2 2 3 3 3 3 3 4 4 4 4 4 5 5 5 5 5 5 5 5 5 5	2 NAME 2 NAME 3 STREET A 4 CITY-ST 2 NAME 2 NAME 2 STREET A 4 CITY-ST 3 STREET A 3 STREET A 4 CITY-ST 3 TITLE 3 NAME 3 STREET 4 TITLE 4 CITY-ST 4 TITLE 4 CITY-ST 5 TITLE 5 NAME 6 STREET 6 STRE	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	d when reinstating)	DAT	Change	Addition Addition Addition Addition
familiar with IGNATURE S 2. ILE AME IREEI ADDRESS IY-SI-7IP ILE AME IREEI ADDRESS IIY-SI-7IP ILE AME ITHEEI ADDRESS IIY-SI-7IP ILE IREEI ADDRESS IIY-SI-7IP ILE IREEI ADDRESS IIY-SI-7IP ILE IREEI ADDRESS IIY-SI-7IP ILE	d agent, or both, in the 3 I, and accept the obligat Ignature, typed or critted name of OI PSTD PENA, DEBRA 1030 SOUTHWES	of registered agent and of FFICERS AND D	UE DELETE	(NOTE Regish 1 1 1 1 1 1 2 2 2 2 2 2 2 3 3 3 3 3 4 4 4 4 4 4 4 4	Pered Agent 31 Title 2 NAME 3 STREET A 4 CITY-ST 1 TITLE 2 NAME 2 NAME 3 STREET A 3 CITY-ST 3 TITLE 3 NAME 3 STREET 4 CITY-ST 4 CITY-ST 5 TITLE 4 CITY-ST 5 TITLE 5 NAME 6 STREET 6 TITLE 5 NAME 6 STREET 6 TITLE 6 CITY-ST 6 TITLE	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	d when reinstating)	DAT	Change	Addition Addition Addition Addition Addition
familiar with	d agent, or both, in the 3 I, and accept the obligat Ignature, typed or critted name of OI PSTD PENA, DEBRA 1030 SOUTHWES	of registered agent and of FFICERS AND D	UE DELETE	(NOTE Regish 1 1 1 1 1 1 1 2 2 2 2 2 2 2 3 3 3 3 3 4 4 4 4 4 4 4 4	13	ADDRESS - ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP	d when reinstating)	DAT	Change	Addition Addition Addition Addition Addition

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Ptione #