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

DOCUMENT # P95000039934 (1)

HDTA	A/N	DEVI	TV	IMC

UPIUM	YN HEALIT, INC.								
Principa' Place	of Business	Mailing Address					10/HE 34/10 0 1/4/11		
193 RIDGE ROAD JUPITER FL 33477 193 RIDGE ROAD JUPITER FL 33477									
						3. Date Incorporated or Qualified 05/19/1995	3a. Date		Report BPS N-T
2. Principal Pla	ace of Business	2a. Malling Address			******************	4. FEI Number	1 1101		Applied For
21 /93	RINGE ROLD	26 /93 QJ	A GE	R	440	65 058 276	7		Not Applicable
Suite, Apt		Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional
22		27						··· ··· · · · · · · · · · · · · · ·	Required
City & State	ITEN FL.	City & State	_	,		Election Campaign Financing Trust Fund Contribution			May Be
Z ₁ D	Country	Zip	Cour	ntrv	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for i	ntanoible tax		
24 8 8 5	177 25	29 33477	30	,		Florida Statutes		dilgoi o	100.002.,
	9. Name and Address of Currer					10. Name and Address of New R		gent	
				81	Name				
PICCOLO	O, DAVID M ESQ		-	62	Street Addre	ess (P.O. Box Number is Not Acceptab	lo)		
	NDIANTOWN ROAD, SUITE 316							**********	
JUPITER	t FL 33477		ł	B3]					
ı			-	B4	City	***************************************		85 Z	p Code
11 Descript	In the provisions of Postions 607.050	and 607 1608 Eloylda Chat de	e the she	1	mod core	ation put mite this statement for the man	FL	noine ite	raniatorad eff
or register	ed agent, or both, in the State of Flori	cano 607, 1506, Florida Stat ute da. Such change was authori <mark>ze</mark>	s, the abov id by the or	orpor	ration's boar	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of char bintment as r	ıgırıg 118 egistered	registered offi d agent. I am
tamiliar wit	th, and accept the obligations of, Sect	tion 607.0505, Florida Statutes.							
SIGNATURE _	Signature 1yped or printed name of registered agent	and title it ennicable /NOT	E. Blevistered A	Apont s	sionature reculrad	I when renstating)	DATE		····
12,		D DIRECTORS	13.	- Stan e	argustation to the state of the	ADDITIONS/CHANGES TO OFFI		DIRECTO	DRS IN 12
TITLE	PTSV	☐ DELFTE	1 1 117	TLE				Change	Addition
NAME	DAVIS, SAM		1 2 NAI	ME					
STREET ADDRESS	193 RIDGE ROAD		13516	REET A	DDRESS				
C(TY-\$1-7-P	JUPITER FL 33477		14 C/I	Y-51-	- ZIP				
TOTALE	D	DELETE	2 1 117	TLE				Change	Addition
NAME	DAVIS, SAM		22 NAI	ME					
STREET ADDRESS	193 RIDGE ROAD				DDRESS				
CITY-S1-7/P	JUPITER FL 33477	prof e.e. ever	2.4 CIT		ZIP	····	Aller		prog.
TITLE		DETELE	3 1 11		.	•		Change	Addition
NAME			3 2 NAI		1000101				
STREET ADDRESS					ADDRESS				
CITY-S1-7IP TITLE		DELETE	34 CII 4 1 TIT		- 217			Change	Addition
NAME :		El veccie	4 2 NA			10000183	1617	' 1	First Monday
STREET ADORESS			1		ODRESS	-05/23/96010	13010)	
CITY-ST-7/P			4401			***200.00			
)iilf	\$44 Lace 1 had an 1 hi daga an 1 da	DELETE	5 1 TIT					Change	Addition
NAME			5.2 NAI	Μŧ				•	•
STREET ADDRESS					DDRESS				
CITY-ST-ZIP			5.4 CIT						
TITLE		☐ DELETE	6 1 TH					Change	Addition
NAME			6.2 NA	M:					
STREET AUDRESS			63 STF	REFT AI	DDRESS				A. 000
City-St-ZiP				Y-SI-			- ک	1-	910 O

14. Ido horeby certify that the information supplied with this filling 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receivor 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 chapped, or on an attachage with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V 4/6/96

(90) 749 6151