SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000040470 (3)

Principal Place of Business 5046 SURROLK DRIVE BOCA RATON FL 33496 2. Principal Place of Business 21 Suite, Apt #, etc. 22 27 Child Surroll			3. Date Incorporated or Qualified 05/23/1995 4. FEI Number		te of Last Report
BOCA RATON FL 33496 2. Principal Place of Business 2a. Mailing Address 25 Suite, Apt. #, etc. 27			05/23/1995	3 a. Da	te of Last Report
21 26 Suite, Apt #, etc. Suite, Apt. #, etc. 27			05/23/1995	3a. Da	te of Last Report
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27			4. FEI Number		
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27			1		Applied For
27	<u></u>				Not Applicable \$8.75 Additional
			5. Certificate of Status Desired		Fee Required
City & State City & State			6. Election Campaign Financing	<u></u>	\$5.00 May Be
23 28			Trust Fund Contribution		Added to Fees
Zip Country Zip	Country		 This corporation has liability for Florida Statutes 	or intangible t Yes	
24 25 29 30 9. Name and Address of Current Registered Agent	اد		10. Name and Address of New I		
BASSOFF, MORTONA G	81	Name			
3046 SUFFOLK DRIVE		Street Addre	dress (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33496	82	Ottoet 7 tele-			
	83				
	84	City		FL	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes 1	the above	named core	vation submits this statement for the	nurvose of c	hang no its registered
office or registered agent, or both, in the State of Florida Such change was authoragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida	iorized by t	the corporation	on's board of directors. Thereby acce	pt the appoi	ntment äs registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Ri	Registered Ager	nt signature require	ed when remaining)	DATE	
12. OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	ICERS AND	DIRECTORS IN 12
TITLE D DELETE	1 1 TITLE			l	Change Add:tion
NAME BASSOFF, NORTON G	1.2 NAME				
STREET ADDRESS 5046 SUFFOLK DRIVE	1.3 STREET				
CITY-ST-ZIP BOCA RATON FL 33496	14 CITY - SI	1 - ZIP			Change Addition
	21 TITLE 22 NAME			L	
NAME STREET ADDRESS	23 STREET	ADORESS			
STREET ADURESS CITY - ST - ZIP	2 4 CITY - S				
TITLE DELETE	3 1 TITLE				Change Addition
NAME	3.2 NAME	1			
STREET ADDRESS	3 3 STAFFT	ADDRESS			
CITY · ST - ZIP	3.4. CITY - S	ST-ZIP			
TITLE DELETE	: 4.1 TITLE			Ĺ	Change Addition
NAME	4. 2 NAME				
STREET ADDRESS	4.3 STREET				
CITY-SI-ZIP TITLE DELETE	4 4 CITY - S	SI · ZIP		т Т	Change Addition
NAME	5.2 NAME			_	
STREET ADDRESS	5 3 STREET	ADDRESS			
CITY-SI-ZIP	54 CITY-S)			
TITLE DELETE	61 TITLE			Ţ	Change Addition
NAME	6 2 NAME				
STREET ADDRESS	63STREET	F ADDRESS			
CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling is voluntarity furnish.	6 4 CITY - S	ST - ZIP			

turther 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, priori an attachment with an address.

GNATURE:

PRES. 6-10-96 407-241-8985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

**BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

**BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Day **Directors

Day **Directors

Day **Directors

Day **Directors

Day **Directors

Directors MORTON G. BASSOFF - PRES. 6-10-96 407-241-8985-SIGNATURE: Whole