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

1. Corporation Name

DOCUMENT # P95000043251 (4)

311 CORPORATION

311 0	OII OIIATION								
Principal Place o	of Business	Mailm	g Address				f läditööt ika länat anna dästi eanis sam sa	***************************************	1841 \$1181 BIS 1881
13031 S.W. 20 STREET PEMBROKE PINES FL 33027			13031 S.W. 20 STREET PEMBROKE PINES FL 33027						
Lagrone							3. Date Incorporated or Qualified 3a. D 06/06/1995	ate of Last F	eport
2. Principal Plac	ce of Business	2a . M	airing Address				4. FEI Number	- LT	Applied For
21	og or Basiness	26					58-2192528		Not Applicable
Suite, Apt. #	, etc.	27 S	ute. Apt #, etc				5. Certificate of Status Desired		Additional Required
City & State			ity & State				6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Ζφ	Country 25	29	J.;	30	ntry		8. This corporation has liability for intangible Florida Statutes Yes No		199.032,
24	9. Name and Address of Curre		ed Agent				10. Name and Address of New Register	d Agent	
					81	Name			
	MARTHA				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	S.W. 20 STREET ROKE PINES FL 33027				83	-			
, chief	ONE (MED I E DODE)			ļ	84	City		. 85 Z	ip Code
					i		pration submits this statement for the purpose of	▝▐▃▕▏▕	
SIGNATURE	h, and accept the obligations of, Sessions of Sessions	eraestis Vacó	erale. P		Aji	of Signal are no cat	ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12
TITLE	D		DELETE	1 1 1	TLE			Change	Addition
NAME	FELIK, MARTHA			: 12 N	AME				
STREET ADDRESS	13031 S.W. 20 STREET			135	[BEE]	T ADDRESS			
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NAME				150	HAML		0 17 121 00 0101		
STREET ADDRESS					IAME Stree	ET ADORESS	***200.00		

14. I do hereby 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 corporation or the receiver 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 changed, or on an attachment with an address

64 CITY -ST ZIP

SIGNATURE:

Marker Files
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/9/ 00,000 50 46