FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Murtinami

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000044961 (7)
1. Corporation Name

Mulang Address Principal Place of Business 499 E PALMETTO PARK RD 499 E PALMETTO PARK RD SHITE 227 **SUITE 227 BOCA RATON FL 33432 BOCA RATON FL 33432** 3. Date Incorporated or Qualified 3a. Date of Last Report 06/06/1995 Applied For 4. FEI Number 2a. Maisng Address 2. Principal Place of Business 65-0585588 Not Applicable 5 W 1027 21 \$8.75 Additional Suite, Apit. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 BOCA 23 8. This corporation has liability for intangible tax under s. 199.032. Zφ Country Ζıp Yes No Fiorida Statutes 33486 25 24 Name and Address of New Registered Agent Name and Address of Current Registered Agent Вí Name Street Address (P.O. Box Number is Not Acceptable) 82 PLATTER, WILLIAM L 499 E PALMETTO PARK RD 83 **SUITE 227** 85 Zip Code **BOCA RATON FL 33432** 33486 RATON BOCA 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I neighby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 7) = 186 Danne SIGNATURE ported a care trop a choic CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIFFECTORS 12. Change Addition DELFTE 1 1 1/16 TILE らい つた 1.2 NAME PLATTER, WILLIAM L NAME 499 E PALMETTO PARK RD SUITE 227 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** 1.4 CiTY - ST - ZIP CITY-ST-ZIP Addition DE: FTE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY S1-7iP CITY - ST - ZIP Change Addition 3 1 DTcE DELETE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - ZIP CITY - ST - ZIP ☐ Change Addition DELETE. 4 1 TIT.E TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CHT+ ST-ZIP CITY - ST - ZIP Addition Change ☐ DELETE 5 1 THILE TITLE 5.2 NAME NAME 5.3 STHEET ADDRESS STREET ADDRESS 5.4 City ST-ZiP CITY-ST-ZIP Change Addition DELETE 6 1 THLE TITLE 6.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 6.4 City - St - ZiP

14. I do hereby certify that the information supplied with this filing is vountarily 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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/w/91 461-363-737