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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Substance Subs		1996	DIVISION O	E CORPORA	HONS					
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20 20 30	23		├ ─┐ '							•
25		Country	Zip	Count	 ry	- 1	8. This corporation has liability for	intangible ta:		
STATE ADDRESS STATE ADDRES	24			[30]		[Florida Statutes 🔲 Yes	X No		
ENDRUSCHAT, ALBERT J DOS 1708 N. FEDERAL HIGHWAY LAKE WORTH FL 33460 88 64 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,6502 and 607,1508. Florids Statutes, the above named corporation sharins his statement for the purpose of changing its registered office or registered spent, or coth, in the State of Fortia. Such change was sufficienced by the corporation's board of directors. Thereby accept the appointment as registered office or registered spent, or coth, in the State of Fortia. Such change was sufficienced by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent, or coth, in the State of Fortia. Such change was sufficient as the subject of directors. Thereby accept the appointment as registered agent, and accept the object of 607,6506. Florids Statutes. 10. Fill Registered Agent appointment of the directors. Thereby accept the appointment as registered agent, and accept the object of profession o		9. Name and Address of Currer	nt Registered Agent		er some.	. 1	0. Name and Address of New I	Registered A	gent	
1708 N. FEDERAL HIGHWAY LAKE WORTH FL 33460 180 190 190 190 190 190 190 19	EMDDIK	COUAT ALBERT 1 DDC		ľ						
LAKE WORTH FL 33460 83 64 City FL 85 City FL FL 85 City FL FL 85 City FL FL 85 City FL FL FL FL FL FL FL FL FL F				8	2 Street A	Address	P.O. Box Number is Not Acceptal	vie)		<u></u>
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutus, the above named corposation submits this statement for the purpose of changing its registered agent, or both, in the State of Ends. Such phange was authorized by the corporation's Learned of directors. Histority accept the appointment as registered agent. I am femiliar with, and accept the obligations of, Sociona 007.0505. Product Statutus, the above named corposations submits this statement for the purpose of changing its registered agent. I am femiliar with, and accept the obligations of, Sociona 007.0505. Product Statutus, the above named corporation's Learned of directors. Histority accept the appointment as registered agent. I am femiliar with, and accept the obligations of Socional Corporation's Learned of directors. Histority accept the appointment as registered agent. I am femiliar with an accept the appointment as registered agent. I am femiliar with a supplied to the purpose of changing its registered agent. I am femiliar with a purpose of changing its registered agent. I am femiliar with a supplied the appointment as registered agent. I am femiliar with a supplied the appointment as registered agent. I am femiliar with a supplied the appointment as registered agent. I am femiliar with a supplied the appointment as registered agent. I am femiliar with a supplied the appointment as registered agent. I am femiliar with a supplied the appointment as registered agent. I am femiliar with a supplied the appointment as registered agent. I am femiliar with a supplied the appointment as registered agent. I am femiliar with a supplied the appointment as registered agent. I am femiliar with a supplied the appointment as registered agent. I am femiliar with a supplied the appointment as registered agent. I am femiliar with a supplied the appointment as registered agent. I am femiliar with a supplied the appointment as registered agent. I am femiliar with a supplied the appointment as registered agent. I am femiliar with a supplied				8	3			···-		
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certy that the information indicated on this affilial 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 frustee 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 appears in address.

SIGNATURE:

SIGNATURE AND TYPEDOA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1 PRINTED TO 1 PRINTED PRINT