CIRPI ANIUA	NOW: FILING ROFIT ORATION L REPORT 996		FLORIDA DE Sand Secr		STATE			
DOCUM 1. Corpeation N. COLVILL	ENT # P9	50000	55540 (5)				
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790' WEST DR UNIT 1010 N JAY VILLAGE FL 33141			Mailing Address 7904 WEST DR UNIT 1010 N BAY VILLAGE FL 33141					
Principal Place	of Business	2a	Mailing Address			3. Date Incorporated or Qualified 07/18/1995 4. FEI Number	3a. Date of La	st Report
		26				65-0596287	,	Applied For
Suite, Apt. #, e	tc.	27	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8	Not Applica 75 Additiona ee Required
Zip	Country	28	City & State Zip			Election Campaign Financing Trust Fund Contribution	□ \$5 A	.00 May Be
9	25 Name and Address o	29 of Current Regist	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No. 10. Name and Address of New Registered Agent.			
				81	Name	10. Name and Address of New F	legistered Agent	
MARANHAO 7904 WEST				82	Street Add	dress (P.O. Box Number is Not Acceptab	nie)	
UNIT 1010	UN					The state of the s	лај	
				[92	├			
	AGE FL 33141			83				
N BAY VILL	provisions of Section 5	607.0502 and 607	1505. Flooda Statu	84			FL 85	Zıp Code
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N BAY VILL Pursuant to the or registered a familiar with, ar SNATURE Signal	e provisions of Sections 6 gent, or both, in the Stute and accept the obligations of the provision of the OFFICE	Solvage Para Inches FRS AND DIRECT	1905, Florida Statutes	es, the above ried by the corp. Its Regioned April 13.	named corpo oration's boa	The apple	pose of changing in post of changing in post of changing in past of changing post post of changing post of changing in post of changing in past of changing in post of changing in past of	ts registered c red agent. Lar TORS IN 12
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SIGNATURE:

to information supplied with this lifting is vocuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further not indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under or director of the coupling the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name sock 13 if changed or on an attachment with an address.

Od / 09/96 (305) 751-5326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR