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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000056855 (6)

DOCUMENT #
1. Corporation Name

COMPLIMENTS, INC.

Principal Place of Business

Mailing Address



1100 NW 105								
PLANTATION		1100 NW 105 WAY PLANTATION FL 3332	2					
					<ol> <li>Date Incorporated or Qualified 07/24/1995</li> </ol>	3a. Date of	Last Rep	port
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		A	polied For
801 S	. University Dr.	26			65-0605	333	N	ot Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #. etc. 27			5. Certificate of Status Desired			Additional equired
City & State	ation, Florida	Oty & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 33324	Country 25 USA	Z <sub>I</sub> p	-n ' <del>                                   </del>		<ol> <li>This corporation has liability for intangible tax under s 199.032,</li> <li>Florida Statutes  Yes  No</li> </ol>			
<u> </u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New I	Registered Age	ent	
			8	1 Name				
LEFF, N. CHRISTINE 1100 NW 105 WAY			8	2 Street A	dress (P.O. Box Number is Not Acceptable)			
	TION FL 33322		6	3				
				4 City	poration submits this statement for the pu	FL		Code
familiar wit SIGNATURE	ed agent, or both, in the State of Florida h, and accept the obligations of, Section	n 607.0505, Florida Statute:	\$		mand of directors. I hereby accept the app	DATE	jistereo i	agent. ram
2.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND DI	RECTOF	RS IN 12
ITLE	D	DELETE	1.1700	ŧ T	D		Change	Addition
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IREET ADDRESS	1100 NW 105 WAY		1.3.5188	ET ADDRESS	7150 Bamboo St	reet		
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(4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quairly 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 DROIRECTOR

4/16/96 (954)370-1377

CR2E034 (12/95)