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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000057226 (9)

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May 01 1996 8:00am
Secretary of State

INCOH	RPORATORS PLUS, INC.					
Principal Place	of Business	Mailing Address		r tabinda iin inini disi 9000 800		
	RIDGE DRIVE ERDALE FL 33326	1983 water Ridge dr Fort Lauderdale Fl				
				 Date Incorporated or Qualified 07/25/1995 	3a. Date of Last	Report
2, Principal Pla	ace of Business	2a. Mailing Address	0. 1) M.4 A	4. FEI Number		Applied For
Sulte, Apt.	V. University Ur.		ersity Visive	650596050		Not Applicable
2	#, G (C.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	1 1 7 7 7 7	5 Additional Required
City & State	9	City & State		6. Election Campaign Financing		00 May Be
	Hation Fl	28 Pig 1/9-1/	on FL	Trust Fund Contribution		ed to Fees
4 ²⁶ 333	Country	Zip > 2	Country	8. This corporation has liability for	r intangible tax under s	s 199.032,
4 253	25	29 733人上	30	<u></u>	s 🗌 No	
	9. Name and Address of Current	Hegistered Agent	81 Name	10, Name and Address of New I	Registered Agent	
MELLEN	, MICHAEL		M;	imae)) Heller		
PLANTA	D. UNIVERSITY DRIVE STE 202 TION FL 33324		83 City Dic	iress (P.O. Box Number is Not Accepta I'H IV Whiteers Hy	ህ <u>r</u> FL 85 ጀ	ip Code
			<u></u>			
or registere familiar wit	to the provisions of Sections 607.0502 and agent, or both, in the State of Florida th, and accept the philipations of Section	and 607/1500, Florida Statutes A Sych change was authorized in 607/0505, Florida Statutes.	s, the above-named corpor d by the corporation's boa	oration submits this statement for the pu ard of directors. I hereby accept the app	rpose of changing its pointment as registere	registered office d agent. I am
SIGNATURE	- IIIMMM	Wer 4			rpose of changing its pointment as registere	registered office d agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE	Registered Agent a gnature require	ed when reinstating)	4/18/5/6	
SIGNATURE _	Signature: typed or printed name of registered egent at OFFICERS AND	nd title if applicable. (NOTE			HIR SO DATE FICERS AND DIRECTO	ORS IN 12
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SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/18/96 (954)475-9484