SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

Zip

SIGNATURE:

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS 1996 DOCUMENT # P95000063673 (4) BOSWORTH COURTHOUSE SERVICES, INC. Mailing Address Principal Place of Business 1172 SOUTH DIXIE HIGHWAY 1172 SOUTH DIXIE HIGHWAY SUITE 133 SUITE 133 CORAL GABLES FL 33146-2918 CORAL GABLES FL 33146-2918 2a. Mailing Address 2. Principal Place of Business 26 Suite, Apt #, etc Suite, Apt #, etc. 27 22 City & State City & State 28 23

Zip

29

Country

25

8. This corporation has liability for intangible tax under s. 199 032

6-26-14 66384

Yes No

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

08/17/1995

41	9. Name and Address of Current Registered A	gent	<u>T</u>	10. Name and Address of New Registered A	igent					
NURT	ry, stephen Brickell ave.	<u> </u>	81 Name 82 Street A	Hy Stephen ddres (P.O. Box Number is Not Acceptable)						
SUITE 1114 MIAMI FL 33131				83						
			84 City	FL	85	Zip Cod]		
	he provisions of Sections 607,0502 and 607,1508 stered agent, or both, in the State of Florida Such familiar with, and accept the obligations of Sectio			orporation submits this statement for the purpose of ration's board of directors. Thereby accept the appo	ehangi intir en	ng its reg t as regis	gisterei stered	a		
SIGNATURE	nervoll type 1 octobed care of negletered agent and been apply at	i€ (NOTE B)	apsterod Anicol signature (·····			
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CITY+ST-ZIP	v certify that the information supplied with this filin	g is voluntarily furn		qualify for the exemption stated in Section 119 07(3 true and accurate and that my signature shall have t)(k) Flo	orida Sta ne logal r	itutes I eflectis	l asut		
further cer made und that my na	tify that the information indicated on this annual re er oath, that I am an officer or director withe corpo me appears in Block 2 or Block 42 if childred, or	eport or supplement oration on the faceiv r on an all aziment	tal annual report is ver or trustee empo with an address.	i quality for the exemption stated in Section 1 is 073 true and accurate and that my signature shalf have twered to execute this report as required by Chapter	617.11	onda Sta	atutes.	an:		

IGNING OFFICER OR DIRECTOR

Country

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