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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000066565 (9) DOCUMENT # 1. Corporation Name

MCGUIRE LAND CORPORATION

Principal Place		Mailing Address 5375 STIRLING ROAD FT. LAUDERDALE FL			
2 Principal D	face of Business			3. Date Incorporated or Qualified 08/24/1995	3a. Date of Last Report
21 Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suita Anii it ata		65-0607271	Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Crty & State	e	City & State		& Floating Constant	Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	8. This corporation has liability for in	Added to Fees
24	25 Broward	29	30 BROWARD	Florida Statutes Yes	□ No
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	egistered Agent
MOOLIE	T DECODAL		81 Name		
	RE, DEBORAH		82 Street Addre	iss (P.O. Box Number is Not Acceptable	9)
5375 STIRLING ROAD FT. LAUDERDALE FL 33314				·	
FI. DAU	DENDALE PL 33314		83		
			84 City		85 Zip Code
11. Pursuant t	to the previsions of Sections 607 650	2 and 607 1609 Florida Challe			<u> </u>
or register	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authoriz	es, the above hamed corporated by the corporation's board	tion submits this statement for the purp r of directors, I hereby accept the appoi	ose of changing its registered office
	in, and accept the onlightions or, Sect	ion 607.0505, Florida Statutes) .		Time it do registered agent. Tan
SIGNATURE _	Signature, typed or prote a name of registered age of	entito, itspaesala har	Fit Belindered Agent agreet to required.		
12.	OFFICERS AN	DIDIRECTORS	13,	ADDITIONS/CHANGES TO OFFIC	EMILE CHOCK IN 10
TITLE	PD	☐ DELETE	1 1 TIFLE	ABBITIONS OF ANGLES TO OFFIC	Change Addition
NAME	MCGUIRE, DEBORAH		1.2 NAME		C onlings C required
STREET ADDRESS	5375 STIRLING ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33314		L4 CHY+SI-ZIP		
TITLE		DELETE.	2 3 THILE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CHY - ST - ZIP		
TITLE		DELETE	3 1 TIFLE		Change Addition
NAME STREET ADORESE			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		Fibrica	3 4 CITY - ST - ZIP		
NAME		☐ DELETE	4 1 TITLE		Change Addition
STREET ADDRESS			4.2 NAME		I
CITY-ST-ZIP			4.3 STREET ADDRESS		i
TITLE		DELETE	44 CITY - S1 - Z:P		
NAME		L. Detter	5 11 ILF		☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME		
CITY-S1-ZIF			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CHY-ST-ZIP 6.1 TITLE		
NAME			6.2 NAME		Change Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIF			SACIS OF NO		

14. I do hereby certify that the information supplied with this fiting is voluntarily furnished and does not qualify 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 appears in Block 12 or Block 13 if changed or or an attachment with an address

SIGNATURE: Ochor of My Lucy Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 (954) 791-0829