## 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

P95000072206 (2)

| _         | <br>          |          |     |
|-----------|---------------|----------|-----|
| UTI IO2   | a Promo       | ?U∩ITſ   | INC |
| 131317111 | 77 I IIVJIVIV | JIIOIIO. | HU. |

Principal Place of Business

DOCUMENT #
1. Corporation Name

Mailing Address

ANNA CHI CITTLI CIDCLE



| 22320 S.W. 57TH CIRCLE<br>BOCA RATON FL 33428 |   | BOCA RATON FL 33428               |                      |        |            |  |              |                |                             |
|---|---|-----------------------------------|----------------------|--------|------------|--|--------------|----------------|-----------------------------|
|   |   |                                   |                      |        |            | <ol> <li>Date Incorporated or Qualified<br/>09/18/1995</li> </ol>                        | 3a. Date     | of Last        | Report                      |
| 2. Principal F                                | Place of Business                                 | 2a. Mailing Address               |                      |        |            | 4. FEt Number  |              |                | Applied For                 |
| 21  |   | 26                                | 26                   |        | 65-0612484 |  | L            | Not Applicable |                             |
| Suite, Apt                                    | t. #, etc.  | Suite, Apt. #, etc.               |                      |        |            | 5. Certificate of Status Desired   | X            |                | 75 Additional<br>e Required |
| City & Sta                                    | ate   | City & State                      |                      |        |            | Election Campaign Financing     Trust Fund Contribution                                  |              |                | .00 May Be<br>ded to Fees   |
| Zip   | Country   | Zip                               | Count                | ry     |            | 8. This corporation has liability for i  |              | x under        | s 199.032,                  |
| 24  | 25  | 29                                | 30                   |        |            | Florida Statutes Yes  10. Name and Address of New R                                      |              | haent          |                             |
|   | g. Name and Address of Cure                       | rent Hegistereo Agent             | ———  <sub>8</sub>    | нT     | Name       | 10. Name and Address of New N  | eñistelen i  | Source         |                             |
| 00151   | ANTE BARRET B                                     |                                   |                      |        |            |  |              |                |                             |
|   | 'ARTZ, ROBERT D<br>PINES SPRINGS DRIVE            |                                   | 18                   | 12     | Street Add | t Address (P.O. Box Number is Not Acceptable)  |              |                |                             |
|   | RATON FL 33428                                    |                                   | 8                    | :3     |            |  |              |                |                             |
| 20011   | A   |                                   | 6                    | 14     | City       |  |              | 85             | Zıp Code                    |
|   | Λ   |                                   |                      |        |            | oration submits this statement for the pur<br>ard of directors. I hereby accept the appe | <u> </u>     |                |                             |
| SIGNATURE                                     | Signature, typed or printed name of registered as | gent and title if applicative. (N | IOTE: Registered A   | ير     |            | red when reinstating)  | DATE         | 46             |                             |
| 12.   | ,   | AND DIRECTORS                     | 13.                  |        |            | ADDITIONS/CHANGES TO OFF   |              | Chang          |                             |
| TITLE   | D ECONOM COMMIN                                   | Clotten                           | 1.2 NAN              |        |            |  |              | _ 002          | ,                           |
| NAME<br>STREET ADDRESS                        | FERRARA, FRANK S 22320 S.W. 57TH CIRCLE           |                                   |                      |        | ADDRESS    |  |              |                |                             |
| City-ST-ZiP                                   | BOCA RATON FL 33428                               |                                   | 1.4 C/T)             |        |            |  |              |                |                             |
| TITLE   | DOON TOTTON TE SOVES                              | ☐ DELETE                          | 2 1 1111             |        |            |  |              | Chan(          | ge 🔲 Addition               |
| NAME  |   |                                   | 2.2 NAN              | AE.    |            |  |              |                |                             |
| STREET ADDRESS                                | s   |                                   | 2.3 SFR              | EET /  | ADDRESS    |  |              |                |                             |
| CHY-ST-ZIP                                    |   |                                   | 2.4 CITY             |        | I-ZIP      |  |              | 7.05           |                             |
| TITLE   |   | ☐ DELETE                          | 3. 1 7(1)            |        |            |  | L            | Chang          | ge 🗌 Addition               |
| NAME  |   |                                   | 3.2 NAN              |        | 1000000    |  |              |                |                             |
| STREET ADDRESS                                | \$  |                                   | •                    |        | ADDRESS    |  |              |                |                             |
| CITY-ST-ZIP<br>TITLE                          |   | DELETE                            | 3.4 CIT1<br>4. 1 TiT |        | 1-4H       |  |              | Chang          | ge 🔲 Addition               |
| NAME  |   |                                   | 4.2 NAM              |        |            |  | _            |                | _                           |
| STREET ADORES                                 | s   |                                   | 4.3 STR              | EET    | ADDRESS    |  |              |                |                             |
| City-St-ZiP                                   |   |                                   | 44 O(1)              | Y - ST | 1 - ZIP    |  |              |                |                             |
| TITLE   |   | ☐ DELETE                          | 5 1 Til              | LE     |            |  | [            | Chan           | ge 🔲 Addition               |
| NAME  |   |                                   | 5.2 NAM              |        |            |  |              |                |                             |
| STREET ADDRES                                 | s   |                                   |                      |        | ADDRESS    |  |              |                |                             |
| C-TY-ST-ZIP                                   |   | F DELETE                          | 5.4 CIT              |        | I-ZIP      |  | <del>-</del> | 7 Chan         | ge                          |
| TITLE   |   | ☐ DELETE                          | 6. 1 TIT             |        | 1          |  | l            |                | åc l'''l vooinoit           |
| NAME  |   |                                   | 6 2 NAM              |        | *DD0000    |  |              |                |                             |
| STHEET ADDRES                                 | S   |                                   |                      |        | ADDRESS    |  |              |                |                             |
| CHTY - ST - ZIP                               |   |                                   | 6.4 CIT              | 1-5    | 1.07       | for the appointing stated in Contine 110   | OZ/QVIA Ele  | side O         | atutas I furthar            |

14. I do hereby certify that the information supplied with this filing 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 in librated 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:** 

407-482-2080

CR2E034 (12/95)