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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000072720 (2)

EXPANDING HORIZONS, INC.



	of Business	Mailing Address		ı imdiladır ilm salat Alilli Adetil Al	
21218 ST. ANDREWS BLVD., STE. 226 BOCA RATON FL 33433		21218 ST. ANDREWS BLVD., STE. 226 BOCA RATON FL 33433			
·				3. Date incorporated or Qualified 10/05/1995	3a. Date of Last Report
2. Principal Plants 749	ace of Business 77 LARGO WAY	2a. Mailing Address	APLA MA	4. FEI Number	Applied For
Suite, Apt.		26 /497 4 Suite, Apt. #, etc.	ANOU WA	y 65-0618	
22 %	DR. I. COHEN	27 % DR.	ARGO WA T. COHEN	Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Par 1 5-1	City & State		6. Election Campaign Financing	\$5.00 May Be
23 / JOC	en KAION, PC	28 BOCA R	ATON, FL	Trust Fund Contribution	Added to Fees
Zip 334	433 COUNTY MAL	WH 20/22	Country	8. This corporation has liability for	or intangible tax under s. 199.032,
24 00	9. Name and Address of Curre	nt Registered Agent	30 PALM BE	10. Name and Address of New	7 3
			81 Name_	10. Name and Address of New	negistereo Agent
COHEN.	JEFFREY S			IR. JEFFREY 5.	COHEN
	T. ANDREWS BLVD., STE. 226		82 Street	Address (P.O. Box Number is Not Accept.	able)
	ATON FL 33433		83	711 27000 4	47
•			84 City		
>			' ,	BOCA RATON	FL 85 Zip Code
 Pursuant to or registers 	o the provisions of Sections 607.050;	2 and 607,1508, Florida Statute	es, the above named co	orporation submits this statement for the p board of directors. I hereby accept the ap	urpose of changing its registered office
familia? wit	h, and accept the obligations of, Sec	tion 607.0505, Florida Statutes			pointment as registered agent. I am
,					
SIGNATURE _	andfrog (Cham DK	TEHREY	5. COHEN , PRE	s. 4/8/96
SIGNATURE				S. COHEN, PRE	5. 418196
SIGNATURE 12.	OF ICERS AN	ID DIRECTORS	13.		FICERS AND DIRECTORS IN 12
SIGNATURE . 12. THE	OF ICERS AN		13. 1 : 10'LE	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
SIGNATURE . 12. TITLE NAME	OPTICERS AN DPT COHEN, JEFFREY S	D DIRECTORS DELETE	13. 1 : 11/1E 1.2 NAME	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS	DPT COHEN, JEFFREY S 21218 ST. ANDREWS BLVD.,	D DIRECTORS DELETE	13. 1 : II/LE 1.2 NAME 1.3 STAFF AUDRESS	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
SIGNATURE . 12. TITLE NAME	OPTICERS AN DPT COHEN, JEFFREY S	D DIRECTORS DELETE	13. 1 : 1/1E 1.2 NAME 1.3 SPREEL ADDRESS 1.4 CHY+SE-ZIP		FICERS AND DIFECTORS IN 12 Change Addition 33433
SIGNATURE _ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPTICERS AN DPT COHEN, JEFFREY S 21218 ST. ANDREWS BLVD., BOCA RATON FL 33433	D DIRECTORS DELETE STE. 226	13. 1 : 11/16 1.2 NAME 1.3 SPIEEL ADDRESS 1.4 CHY-SE-ZIP 2 1 THE	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
SIGNATURE	DPT COHEN, JEFFREY S 21218 ST. ANDREWS BLVD., BOCA RATON FL 33433 DVS	D DIRECTORS DELETE STE. 226 DELETE	13. 1 : 11/16 1 : 2 NAME 1 3 STEFF ADDRESS 1 4 CHY - SE-ZIP 2 1 TILLE 2 2 NAME	ADDITIONS/CHANGES TO OF	FICERS AND DIFECTORS IN 12 Change Addition 33433
SIGNATURE	DPT COHEN, JEFFREY S 21218 ST. ANDREWS BLVD., BOCA RATON FL 33433 DVS KAPLAN, KAREN L	D DIRECTORS DELETE STE. 226 DELETE	13. 1 : 11/1E 12 NAME 13 STEEL AUDRESS 1.4 CHY- SE-ZIP 2 1 THLE 22 NAME 23 STREET ADDRESS	ADDITIONS/CHANGES TO OF	FICERS AND DIFECTORS IN 12 Change Addition 33433
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS	DPT COHEN, JEFFREY S 21218 ST. ANDREWS BLVD., BOCA RATON FL 33433 DVS KAPLAN, KAREN L 21218 ST. ANDREWS BLVD.,	D DIRECTORS DELETE STE. 226 DELETE	13. 1 : 11/16 1 : 2 NAME 1 3 STEFF ADDRESS 1 4 CHY - SE-ZIP 2 1 TILLE 2 2 NAME	ADDITIONS/CHANGES TO OF	FICERS AND DIFFECTORS IN 12 Change Addition 334/33 Change Addition
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certify that the information indicated of this administration or suppremental 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 PED OF PRINTER NAME OF SIGNING OFFICER OF DIRECTOR

Daytin & Phone is

(42) 1/20 Call 7