FILE NOW: FILING FEE AFTER MAY 1 IS \$225.05

·PROFIŤ CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF ST/ [E Sangra B. Mortham Secretary of State

	1996	DIVISION OF CO	PRPORATIO	DNS				
DOCUMENT # P95000072769 (9) 1. Corporation Name BIRCHWOOD ASSOCIATES, INC.						a Albien Adelie skali		
Principal Place of Business 1436 SEAGRAPE CIRCLE FT LAUDERDALE FL 33326		Mailing Address 1436 SEAGRAPE CIRCLE FT LALIDERDALE FL 3332				F 00111 80111 1001	O 11091 #80010 GA4; O 1904 1001	
		The Brooking at the Greek			3. Date Incorporated or Qualified 09/18/1995		f Last Report T. Report	
2. Principal Pla	ace of Business	2a. Mailing Address			4, F&I Number		Applied For	
Suite, Apt 4	t etc	26			65-0619404	/	Not Applicable \$8.75 Additional	
22	, 000	27			5. Certificate of Status Desired		Fee Required	
City & State)	Oily & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Ζρ 24	Country 25	Ζ ₁ ρ	Country		8. This corporation has liability for in Florida Statutes	intangible tax ☐ No	under s. 199.032,	
		Current Registered Agent			10. Name and Address of New R		gent	
1			81	Name				
	R, LOUIS J ESQ		82 Stre		t Address (P.O. Box Number is Not Acceptable)			
	LADES RD, SUITE 236-W RATON FL 33431							
DUCA F	WION FL 33431		0.5					
			84	City		FL	85 Zip Code	
familiar wit	th, and accept the obligations of	07.0502 and 607.1508, Flonda Statutes, i of Florida. Such change was authorized to of, Section 607.0505, Florida Statutes.					ging its registered office egistered agent. I am	
12.	Signature, taj ed or ported having of registi OFFICE	incidage Land the Tapplication (ANUT) E TRS AND DIRECTORS	Bajederad Ager 13.	l suped as requ	ADDITIONS/CHANGES TO OFF	DATE OF DRIAND F	NDECTODS IN 10	
TITLE	Res	☐ DELETE	1 1 TITLE	·	Presid ent		Change Addition	
NAME	***7		1.2 NAME	'	Vincent Colamecto		_	
STREET ADDRESS			L3 STREET	ADDRESS	Vincent Colangelo 1436 Sea grape Ciàcle FT GudendaG FL 3)32			
CITY-ST-ZIP			14 CHY-S	1-212	FT Underdale FL 3)32	6		
TITLE		☐ DELETE	2 1 THILE				Change	
NAME STREET ADDRESS			2.2 NAME	*D00000			4	
CITY-ST-ZIP			2 3 STHEFT 2 4 CITY - S					
TITLE		☐ DELETE	3 1 11116				Change Addition	
NAME			3.2 NAME	.			_	
STREET ADDRESS			33 STREET	ADDRESS				
CITY+ST-ZIP			3.4 CITY - S	1 ZIP				
TITLE		☐ DELETE	4 1 TITLE				Change Addition	
NAME			4.2 NAME		30000179 -04/29/96010	388,1	,3:	
STREET ADDRESS CITY-S1-ZIP			4.3 STREET		***200.00	16200	4	
TITLE		DELFTE	4.4 CITY - S 5.1 TITLE	1 217	*** <u>*</u>		Change Addition	
NAME			5 2 NAME			U	.a	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY - ST - ZIP			5.4 CITY - S	T - ZIP				
TITLE		DELETE	6 1 TITLE	T			Change Addition	
NAME			6.2 NAME				28 4.21.2	
STREET ADDRESS			6 3 STREET				No	
CITY - S1 - ZIP			6.4 City S	I - ZIP				

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 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 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

.4-10-96.

954 389-8300