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.)

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1996 Division of Corporations									
DOCUN 1. Corporation	MENT # P95000	0072830 (9)								
FSK & ASSOCIATES, INC.										
Principal Place of Business Mailing Address						- 3 TODISEDI JAG TENES BRITT DOVIN OCHN ODINI DOVIN SOOSO MOOT JOHOO NISY OBSY 1880)				
12732 SW 68TH LANE 12732 SW 68TH LANE MIAMI FL 33183 MIAMI FL 33183										
						3. Date Incorporated or Qualified 09/21/1995	3a. Date	e of L	ast Report	
2. Principal Pla	ace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number		-	Applied For	
21		26				43-001-001	\$8.75 Addition		Not Applicable	
Suite, Apt. #	ŧ, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Required			
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution			5.00 May Be dded to Fees	
Zip	Country	Zip	Countr	ı y		8. This corporation has liability for	intangible to	ax un	ider s. 199 032,	
24	25	29	30			Florida Statutes 2	Yes 📗	No.		
	9. Name and Address of Currer	it Registered Agent				10. Name and Address of New Re	gistered A	gent		
KROCHMAL, FRED 12732 SW 68TH LANE MIAMI FL 33183					Name Street Add	ress (P.O. Box Number is Not Acceptat	ole)			
			В	4	City		FL	85	Zip Code	
	agistered agent, or both, in the State m familiar with, and accept the oblig	of Florida: Such Change was ations of, Section 607.0505, F	torida Statute	es.	ie corporati	oration submits this statement for the p ion's board of directors. I hereby accep	unose of c	hang itmer	ing its registered it as registered	
adjuster open or put of the			13.	(des.)	signarora respi	additions/Changes to offi		DIRE	CTORS IN 12	
12.		DELETE	1 1 TITLE						nange Addition	
NAME	D Krochmal, Fred			1 2 NAME						
STREET ADDRESS	12732 SW 68TH LANE		1.3 STRE	1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33183		1.4 CITY	1.4 CITY - ST - ZIP						
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NAME			3.2 NAV	Æ						
	ļ		3.3 S (8)	EFT A	Andress I					

6.4 C(TY - S1 - Z)P 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an altachment virits an address.

34 CITY-ST-ZIP

4.4 CITY - ST - ZIP

5 4 CITY - ST - ZIP

41 TITLE 4 2 NAME 4.3 STREET ADDRESS

51 TITLE

52 NAME 53 STREET ADDRESS

61 TITLE

62 NAME 6.3 STREET ADDRESS

DELETE

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CITY-ST-ZIP

STREFT ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/96 305-388-95-14

(3/8)

Addition

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Addition

Change Addition

Change Addition

Change Addition