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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000073107 (1)

DOCUMENT #

PACK JOHNSON FINANCIAL MANAGEMENT, INC.

Principal Place of Business Mailing Address						1 10 4 11 4 11 10 10 10	Matte Matth Maint Andl	6 MB311 10000 11401 (1831 8811) 1881 1881
820 S.W. 4TH ST. PO BOX 350641 FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 3333									
						3, Date Incorporated pr 09/19/1995	Qualified 3a.	Date of Last R	eport
Principal Place of Business 2a. Mailing Address						4. FEI Number		11	Applied For
²¹ 305 S.	Andrews Ave. #510	26				65-0606738			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status	Desired		Additional
22		27				ļ			Required
City & State 23 Ft. La	uderdale, FL	City & State				6. Election Campaign F Trust Fund Contribut	, F1	•	O May Be d to Fees
Zip 24 33301	Country 25 USA	Zip 29	Gountry 30			This corporation has Florida Statutes		ible tax under s	
24] 33301	9, Name and Address of Current		.[30]			10. Name and Address			
				81 N	lame				
JOHNSON, SEAN A				82 S	treet Addre	ess (P.C. Box Number is No	t Accentable)		
	W. 4TH ST.			5	TICE! AUGIE	555 (FIC. DOX NOTIDO IS NO	(Necopiaine)		
FI. LA	UDERDALE FL 33312			83					
				84 C	ity			FL 85 Zi	p Code
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508. Florida Statute	s the abo	ve nam	ed corpora	alion submits this statement	for the purgose		registered office
or registere	ed agent, or both, in the State of Florid h, and accept the obligations of, Section	la. Such change was authorize	ed by the c	orporal	tion's board	of directors. I hereby acce	pt the appointme	ent as registered	l agent. I am
SIGNATURE	in a docopt the obligations of, coots	on controlled trades							
SIGNATURE.	Signature typed or printed name of registered agent a	and title if applicable (NO	TE. Registered	Agunt sign	ature required	when rein itating'	D	ATE	
12.	OFFICERS AND		13.		-	ADDITIONS/CHANGE	ES TO OFFICERS		
TITLE	JOHNSON, SEAN A			1 TITLE		D/P		Change	Addition
NAME OTOEST ADDOSOO	820 S.W. 4TH ST.			1 2 NAME					
STREET ADDRESS	FT. LAUDERDALE FL 33312	<u> </u>		1.3 STREET ADDRESS 1.4 City-St-Zip					
City-St-ZiP Title	D	☐ DELETE	2 1 11		·	5 /6		☐ Change	X Addition
NAME	PACK, DONALD C III		2 2 NA			D/S			
STREET ADDRESS	820 B SW 4TH ST.			REET ADD	RESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		2 4 CI	1Y - ST - ZI	P				
TITLE	D	☐ DELETE	3 1 1	îlE		D/T'		Change	Addition
NAME	GENDUSO, LUCILLE S 610 S.W. 28TH DR.		3 2 NA	ME		-, -			
STREET ADDRESS	FT. LAUDERDALE FL 33312	ì	3.3 S	REET ADO	CRESS				
CiTY - ST - 7iP	Tr. Drobertoree Te 60012			[Y - ST - ZI	P				
TITLE		☐ DELETE	4 1 1					☐ Change	Addition
NAME STREET ADDRESS			4 2 NA	ME REET ADD	10500				
CITY-ST-ZIP			4	14-51- <i>2</i> 1					
TIFLE	ar ka mari inga menggan kanggan kanggan kanggan kanggan penggan kanggan kanggan kanggan kanggan kanggan kangga Kanggan	DELETE	5 1 1		·			Change	Addition
NAME			5 2 NA					_ •	
STHEE! ADDRESS				REET ADD	RESS				
CITY - S1 - ZIP			5 4 CI	[Y - \$1 - ZI	Р				
TITLE		□ D€LETE	6 1 Ti	TLE				Change	☐ Addition
NAME			6 2 NA	ME					Ì
STREET ADDRESS			6 3 S1	REET ADD	RESS				

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 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: BELL DOWNLO C PACK II D/S 4/80/96 764-0404

I IRRIVED) III ISIG) BINI DANG BANG BANG ARNI ARNI IBARA INDI MAN ARNI IBAN