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 **DOCUMENT #**

P95000076507 (9)

	A A A A A A A A A A A A A A A A A A A
rincipa! Place of Business	Mailing Address
12407 ANTILLE DR.	12407 ANTILLE DR.
BOCA RATON FL 33428	BOCA RATON FL 33428

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BOCA RATON FL 33428	BOCA RATON FL 3342	3			
			3. Date inconversited or Qualified 09/29/1995	3a. Date of Las	st Report
Principal Place of Business	2a. Mailing Address		4. FEI Number	Т	Applied For
21 21202 St. Andrews B	1202 9	t. Andrews f	3/Vd. 68-062732	-3	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		. 75 Additional e∋ Required
City & State 23 Boca Raton, FL	City & State 28 Boca R	aton	Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip Country 24 33434 25 Palm Beach	Zip 29 33434	Country 30] Palm Beach	This corporation has liability for in Florida Statutes		rs 199.032,
9. Name and Address of Current			10. Name and Address of New Re	egistered Agent	
BLOCH, STUART E		81 Name			
2600 N. MILITARY TRAIL		82 Street Addre	ss (P.O. Box Number is Not Acceptable	e)	
FOURTH FLOOR		83			
BOCA RATON FL 33431		83			
		84 City		FL 85	Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607 1508. Florida Statutes	the above-named cornora	tion submits this statement for the pure		its registered office
or registered agent, or both, in the State of Florid familiar with, and accept the obligations of, Section SIGNATURE.	 Such change was authorized on 607.0505, Florida Statutes. 	by the corporation's board	d of directors. I hereby accept the appo	intment as registe	red agent. I am
Signature, typed or puri et name of registered agent a OFFICERS AND		Registered Agent signature required to 13.	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIREC	DTORS IN 12
President + Tres		1 1 11/LE	7.001101107011111000110	Chan	
MANE Charles Gdons	Lines	1.2 NAME		_	
STREET ADDRESS 12 467 A	Ril	13 STREET ADDRESS			
CITY-SI-ZIP Boca Raston	85488	14 CITY-ST-ZIP			
STREET ADDRESS CITY-SI-7IP BOCA RATON THE VICE President NAME Jacob Shasha	+ Sec - DELETE	2 1 TITLE		☐ Chan	ge: 🔲 Addit.on
MAME Jacob Sharsha	remany	2.2 NAME			
STREET ADDRESS 10814 LAKE JUST	in Drive	2 3 STREET ADDRESS			ŀ
CITY SI-ZIP BOCA Ration, FC	DELETE	2 4 CITY-ST-ZIP	~~~	[] Chan	s. Fil Addition
TITCE NAME	[] pricit	3 1 TITLE 3 2 NAME		Chan	ge: Addition
STREET ADDRESS		3.3 STREET ADDRESS			
OTY-ST-ZIP		3 4 CITY - ST - ZIP			
TITLE	DELETE	4. 1 TITLE		Chan	ge Addition
NAME		4.2 NAME			_
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LF	☐ DELETE	5 1 TITLE		☐ Chan	ge 🔲 Addition
'AME		5 2 NAME	4		
TIREET ADDRESS		5 3 STREET ADDRESS			
/IY-SI-ZIP	FD become	5 4 City - St - ZiP			
TITLE	☐ DELETE	6. 1 TITLE		Chan	ge: 🔲 Addition
NAME		6.2 NAME			
STREET ADDRESS		6 3 STREET ADDRESS			
14. I do hereby certify that the information supplied w	rith this filing is voluntarily furnish	64 City-St-ZiP	the exemption stated in Section 119.6	7/3)/k) Florida Str	atutos I furthor

receitly that the information indicated on this annual report or supplies with missing is voluntarily items and does not quality 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:

TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 338-7030