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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # | P95000078345 | (2) |
|---------------------|--------------|-------------|
| 1. Corporation Name | | \ _/ |

| Principal Place 10116 NW 5: SUNRISE FL | 3RD STREET | Mailing Address 10116 NW 53RD STRE SUNRISE FL 33351 | ET . | | | | | |
|---|---|--|-----------------------|--|--|----------------|--------------|-------------------------------|
| | | | | | Date Incorporated or Qualified | 3a . Da | te of Last F | Report |
| 2 Principal Pl | ace of Business | 2a. Mailing Address | | •••• | 10/12/1995 4. FEI Number | <u></u> | 11 | A |
| 21 | and of passingsy | 26 | | | 65-062378 | 12 | - ⊢ | Applied For Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | · · | . <u></u> | | 5 Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired | A | Fee | Required |
| City & State | 3 | City & State | | | 6. Election Campaign Financing | | | 0 May Be |
| 23 Zip | Country | 28 Zip | Country | ······································ | Trust Fund Contribution 8. This corporation has liability for | | | ed to Fees |
| 24 | 25 | 29 | 30 | | Florida Statutes | 14" | .ax uriuer s | 199.032, |
| | 9. Name and Address of Curr | ent Registered Agent | | | 10. Name and Address of New | Registered | Agent | |
| | | | 81 | Name | | | | |
| | ON, ROGER | | 82 | Street Addr | ress (P.O. Box Number is Not Accepta | bie) | | |
| | iw 53rd street E Fl. 33351 | | 83 | | | | | |
| OUNNO | E PL 33331 | | 63 | | | | | |
| | | | 84 | City | | EI | 85 Zi | ip Code |
| SIGNATURE _ | in, and according to obligations of, so VOGEL VOTAL Standard types or product sension of regulated ag | iction 607,0505, Florida Statutes KSOW | Pit Pegista of Agail, | 3/10 | And precious benefit to the po | H DATE | -30 - | 96 |
| TITLE | D | DELETE | 1 1 Trick | T | ADDITIONS/CHANGES TO OF | | | Addition |
| NAME | JOHNSON, BARBARA | | 1.2 NAME | | | | Change | |
| STREET ADDRESS | 351 FAIRMONT WAY | | 13 STREET | ADDRESS | | | | |
| CITY-SI-ZIP | FORT LAUDERDALE FL 333 | 326-3585 | 14 C/TY - ST | - ZıP | | | | |
| TITLE | D | ☐ DELETE | 2 1 TITLE | | | | Change | Addition |
| NAME | JOHNSON, ROGER | | 2.2 NAME | | | | | |
| STREET ADDRESS | 351 FAIRMONT WAY | 200 0505 | 23 STREET A | ADDRESS | | | | |
| CITY - ST - Z-P TITLE | FORT LAUDERDALE FL 33: | 720-3363 | 2.4 CITY - S1 | - Zif | | | | |
| NAME | | | 3 CTITLE 3.2 NAME | | | | Change | ☐ Addition |
| STREET ADDRESS | | | 3 3 STREET | Annocee | | | | |
| City-St-zip | | | 3 4 City - St | | | | | |
| TITLE | | DELETE | 4 1 TIFLE | 211 | | | Change | Addition |
| NAME | | | 4 2 NAME | | | , | _ , | |
| STREET ADDRESS | | | 4.3 STREET A | ADDRESS | | | | |
| CITY - ST - 2IP | | | 4.4 CITY - S1 | - ZIP | | | | |
| TITLE | THE THE STATE OF | ☐ DELETE | 5 1 TITLE | | | | Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 53 STREET A | ADDRESS | | | | |
| CITY - ST - ZIP | | | 54 CITY-ST | - ZIP | TO THE MAKE A | | | |
| TITLE | | ☐ DELETE | 6 1 liftE | | | | ☐ Change | ☐ Addition |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 63 STHEE! A | ACIORESS | | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Soction 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this americ 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 server or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if pranged on an attact hiert with an address

6.4 CITY - \$1 - 7/2

TOMASON

SIGNATURE: _

CHTY+S*-ZIP

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR