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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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DOCUMENT # 1. Corporation Name

SIGNATURE:

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Principal Place of Business	Mailing Address			
5237 CONKLIN DRIVE DELRAY BEACH FL 33484	5237 CONKLIN DRIVE DELRAY BEACH FL 33	1484		
			3. Date Incorporated or Qualified 10/13/1995	3a. Date of Last Report N/A
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0619852	Not Applicable \$8.75 Additional
Sulta, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
Oty & Stale	City & State	haara ay ngo ngo mangaman manahada dan kata kata kay ngog s managa samahada dan sa Fi Fi	6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	B. This corporation has liability for i Florida Statutes	intangible tax under s. 199.032, 【 X No
24 25 25 9. Name and Address of Curre	29 nt Registered Agent	[30]	10. Name and Address of New R	
8. Halle plic resided of contra		81 Name		
O'CONNOR, DARA S		82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)
5237 CONKLIN DRIVE				
DELRAY BEACH FL 33484		83		
		84 City		FL 85 Zip Code
	- 1007 4500 Ft. 14. Cit. 4	as the step period come	votion cultivate this statement for the nur	mose of changing its registered office
11. Pursuant to the provisions of Sections 607.050 or registered agent, or both, in the State of Flor	saa. Such change was autoonz	SEC DY THE COIDOLAUGH & DOC	and of directors. I hereby accept the app	ointment as registered agent. I am
	tho 607.0505. Florida Statutes	ò.		1-10-9b
familiar will, and accept the obligations of Sec			•	
SIGNATURE X A10 S. ()	Conno	OTI - Registered Agent signature require	ed when reinstating)	DATE
SIGNATURE Sprace, typed or printed name of rug stered e.g.	CONSTRUCTORS IT and the if applicance INC			DATE ICERS AND DIRECTORS IN 12
SIGNATURE Spirator, byted or printed name of registered agril 12. OFFICERS AN	it and this if applicace NC	OTI: Registered Agent signature requir	ed when reinstating)	DATE ICERS AND DIRECTORS IN 12
SIGNATURE Sphare, typed or printed rame of registered a printed rame of registered rame of regi	of pind this if applicance MS ND DIRECTORS DELETE	DTI. Registered Agent signature require 13. 1.1 THE 1.2 NAME	ed where renstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
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