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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000080501 (6)

GARY CORA & ASSOCIATES, INC.

l	e of Business	Mailing Address 7378 W. ATLANTIC BLVD.										
7378 W. ATLANTIC BLVD. SUITE 276 MARGATE FL 33063												
		SUITE 276										
MARGATE FL 3	33063		MARGATE F	FL 33063-42 07	•			3. Date Incorporal	ted or Ouglifion	l lee D	ate of Last F	
<u></u>								10/19/1995	ted or Qualified		16/1996	ieport
	lace of Business		2a. Mailing	Address			-	4. FEI Number			⊢ +	pplied For
21			26					65-062211	<u> </u>			ot Applicable
Suite, Apl	#, C IG.		27 Suite, A	Apt. #, etc.				5. Certificate of St	atus Desired			Additional equired
City & State	c		City & S	State	**************************************			6. Election Campa	aign Financing		\$5.00	May Be
23			28					Trust Fund Con	tribution			to Fees
Zip	Count	ry	Zip		Coun	atry		B. This corporation				i. 199.032,
24			29		30		· · · · · ·	Florida Statutes Yes X No				
	9, Name and Addr	ess of Current I	Registered Ag	jent .		<u> </u>		10, Name and Add	fress of New F	legistered	Agent	
	IND, MARK S ESQ.	_		:	['	81 1	ame					
3440 HOLLYWOOD BLVD.			•			82 S	Street Address (P.O. Box Number is Not Acceptable)					
	TE 450											
HOL	LYWOOD FL 33021				'	83	÷					
					Ī	84 6	ity	***************************************	·	FL	85 Zip	Code
11. Pursuant	to the provisions of Sec	stions 607.0502 a	and 607.1508,	Florida Statu	ites, the abi	OVO-N	med cor	poration submits this st	atement for the	purpose o	f changing i	ts registered
office or n	egistered agent, or bot m familiar with, and ac	h, in the State of	Florida, Such	change was	authorized	by th	e corporal	poration submits this st tion's board of director	s. I hereby acc	ept the app	ointment as	registered
v	The tribit, and to	cope ino obligati	5/15 6/1, 6 00(16)	. 007.0000, 1	ionas olaia							
SIGNATURE	Stanialise, typed or printed nar	ie of registered agent (and trie if applicable	e (NC	OFE: Registered	Agent s	gnature requi	ired when reinstating)		DATE		
		ie of registered agent i DFFICERS AND I		e (NC	TE Registered	Agent s	gnature requi	ired when reinstating) ADDITIONS/CHA	NGES TO OFF	····) DIRECTOR	3S IN 12
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12.	(13.	.Ē	gnature requi		INGES TO OFF	····		
12. THE	D	DEFICERS AND I	DIRECTORS		13. 1.1 TITL 1.2 NAM	.Ē			INGES TO OFF	····		
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UKA GARY, PRES. 1/5/97 954-153-4255