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 # P95000080766 (5)														
	POND	DEROSA	MIL	LWORK, INC.										
Pri	ncipal Place	of Business			Ma	-			IODIA AHIIB BHILIODI					
2001 NORTH STATE ROAD 7 BAY 5 AND 6 MARGATE FL 33063					2001 NORTH STATE ROAD 7 BAY 5 AND 6 MARGATE FL 33063									
											3. Date Incorporated or Qualified 3a. Date of Last Report 10/20/1995			Report
2. 21	Principal Pla	Place of Business				2a. Mailing Address 26					4. FEI Number 65-0622596			Applied For Not Applicable
22	Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired			5 Additional Required
	City & State					City & State					Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
	Zip	Country 25			29	Zip	Countr	у			ation has liability for intangible tax under s 199.032,			
9. Name and Address of Current Registered Agent									_		10. Name and Address of New	Registere	d Agent	
1								81	i	Name				
FILINGS, INC. 3732 N.W. 16TH STREET							82	2	Street Addre	ess (P.O. Box Number is Not Accepta	ble)	· · · · · · · · ·		
FORT LAUDERDALE FL 33311							83	3						
										City		F	LII	Zip Code
11.	or registere	ed agent. or	both	of Sections 607.0502 , in the State of Florid a obligations of, Section	la. Such	i chanoe was	authorize	s, the above d by the corp	-na poi	amed corpora ration's board	ation submits this statement for the pid of directors. I hereby accept the ap	irpose of o pointment	changing its as registere	registered office d agent, I am
SIC	SNATURE _	Signature, typed	or prin	led name of registered agent a	and title if a	pplicable.	ТОИЈ	E: Registered Age	ent :	Signature required	when reinstating)	DATE		
12				OFFICERS AND	DIREC			13.			ADDITIONS/CHANGES TO OF	ICERS A		
TITL	.E	D				☐ D£L	.ÉTE	1. 1 TITLE		- <i>Y</i>			Change	Addition
l	NAME MCCORMICK, MICHAEL I							· ·	1.2 NAME		NOBRMAN, JAMES A OY N.W. 102 teer.	l		
ļ	EET ADDRESS	2001 NORTH STATE ROAD 7 MARGATE FL 33063			/ BAY	RAY 2 AND 6		1.3 STREET ADDRESS		ADDRESS 32	OY N.W. 102 teek.	F103	,	
	r-st-zip	MARC	MIC	PL 33003		☐ DEL	ČTC	1.4 CITY-		- ZIP	nal springs, FL. 3:	065	Change	Addition
TITLE NAME								2. 1 TITLE 2.2 NAME		T	AL HARNIA		Change	Addition
STREET ADDRESS						2.3 STREE		DDBEEC -	284 CHAMPIONS WA	,				
CITY-ST-ZIP								2 4 CITY-ST-ZIP		- 71D AT	LANDGRONIE, FI.	2201	.0	
TITLE						☐ DEL	.ETE	3. 1 TITLE	1 TITLE		processe, Pi	2341	Change	Addition
NAME						32 NAME	32 NAME		Ater, Lew		_	_		
STR	EET ADDRESS							3.3. \$TRE	ET A	ADDRESS 49	70 NW 68#PL 213			
יווס	/-ST-ZIP							3.4 CITY-	S 1-		MARAC, Fl. 33312			
TITL	.E					☐ D£L	ETE	4. 1 TITLE			• •		Change	Addition
NAN	AE							4.2 NAME						
	EET ADDRESS							4 3 STREE	ΙA	LODRESS				
	r-ST-ZIP					□ pr	E16	4 4 CITY-		- ZIP	Francisco de la companya de la compa		. Chance	Addition
TITL						☐ DEL	.c.IE	5 1 TITLE			5000017 -03/21/3601		Lande	Addition
NAA								5.2 NAME		DD01.cc	***208.75	U26	U15	
	EET ADDRESS							5 3 STREE		1	್ಿಕ್ಕಿ∪್,∫್			
TiTL	(-ST-ZIP E		•			☐ DEL	ETE	5.4 CITY- 6 1 TITLE		-44			Change	Addition
NAN							_	62 NAME						Land - Marriage
	EET ADDRESS							6.3 STREE		LODRESS				
	(-ST-ZIP							6.4 CITY-		ì				

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 without address.

SIGNATURE: __

1/20/96 954-690-3910