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

2. Principal Place of Business

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Suite, Apt. #, etc.

City & State

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Zip

P95000083200 (2)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

J OLIVI EINTENFNIGEG C	OF BROWARD COUNTY, INC.
rincipal Place of Business	Mailing Address
7534 GRANVILLE DRIVE TAMARAC FL 33321	7534 Granville Drive Tamarac Fl 33321

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4.	. FEI Number		Applied For		
	65-06390	010	Not Applicable		
5.	Certificate of Status Desired		\$8.75 Additional Fee Required		
6	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
8	This corporation has liability for Florida Statutes Yes	intangible ta	x under s 199.032,		

9. Name and Address of Current Registered Agent 81 Name LAWRENCE JOHN MIANO, P.A. Street Address (P.O. Box Number is Not Acceptable) 110 TOWER - SUITE 1630 110 S.E. 6TH STREET 83 FT. LAUDERDALE FL 33301 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office

Country

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or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am

familiar witi	h, and accept the obligations of, Section 607.0505, F	lorida Statutes.				
SIGNATURE _	Signature, typed or printed name of registered agent and title if applicable	NOTE:	Registered Agent signature required wh	eo reinstatico)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
THILE		DELĒTE	1 1 TITLE		☐ Change	☐ Addition
NAME	BEGLEY, MARTIN J		1.2 NAME			
STREET ADDRESS	7534 GRANVILLE DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33321		1.4 CITY - ST - ZIP			
TITLE		DELETE	2 1 TITLE		☐ Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY - ST - ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-7IP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4 1 THTLE		Change	Addition Addition
NAME			4 2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY - ST - ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5 1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	·		5.4 CITY - ST - ZIP			
TITLE		□ DELET E	6. 1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CiTY-ST-ZIP			64 CITY - ST - ZIP			

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). Fiorida 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

MALTIN J BUSINEY 4/10/96 (954) SIGNATURE: