SECOND AMOUNT DUE	NOTICE: CORPORATION E ON OR BEFORE 8/7/96; \$22	WILL BE DISSOLVED ON OF 5 (IF DISSOLVED, MINIMUM AM	AFTER AUGU: OUNT DUE TO RE	ST 7, 1996.		
PROFIT CORPORATION ANNUAL REPORT  1996  PLORIDADEPART Sandra B. II Secretary DIVISION OF CO				OF STATE.		
1. Corporation	MENT # PS	5000084268	8 (8)			
nion	AND IN ANDERSON,	P-A-			) (88)(88) (98 (88)) Bahi Bahi Bahi	A DINA BANGA MANA BANGA MANA ARABA MANA MANA
Principal Place of Business Mailing Address					I IOSAOBA (FO ISTO) (ANI JOHN IOSA)	
2732 NE 12 STREET 2732 NE 12 STREET POMPANO BEACH FL 33062 POMPANO BEACH FL 33062						
					3. Date Incorporated or Qualified 11/02/1995	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address 21 26			ess		4. FEI Number 65-06241	Applied For Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	State City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip <b>24</b>	Country 25	Z ip	Country		8. This corporation has leability for	
	9. Name and Address	of Current Registered Agent	30		Florida Statutes  10. Name and Address of New Re	Yes No gistered Agent
WICH, THOMAS M ESQ. WICH, WICH & WICH, P.A. 2400 EAST COMMERCIAL BLVD., SUITE 620				81 Name  82 Street Address (P.O. Box Number is Not Acceptable)		
				83		ne)
FT. LAUDERDALE FL 33308				84 City		
<b>£1.</b> Pursuant	to the provisions of Sections	607.0502 and 607.1508. Florid	a Statutes, the a		oration submits this statement for the	FL 85 Zip Code
61. 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 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 with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature typed or printed name of re		(NOTE Hegister	ed Agent signature requir	red when reinstaring)	[\A]E
12.	OFFICERS AND DIRECTORS 13.  PD DELETE 111/1/LE			ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12 Change Addition	
NAME	ANDERSON, RICHARD H			IAME		Change Addition 88
STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS		E03
TITLE	DELETE			HTLE		Change Addition
NAME CONTRACT	norse.			22 NAME		
STREET ADDRESS CITY-ST-ZIP			•	TREET ADDRESS		
TITLE	DELETE					Change Addition
NAME STREET ADDRESS	Į.		32M	AME TREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE NAME	DELETE			41 TITLE Change Addition		
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP			440	ITY - ST - ZIP		
TITLE NAME		L_j DE	ETE 511		•	Change Addition
STREET ADDRESS			52 N 53 S	TREET ADORESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5 4 CITY - ST - ZIP			
NAME	L DELETE 6111		TLE /	90000188 -07/05/960103 ***225.00	4839ange Addition	
STREET ADDRESS	paree		<b>₽</b>	TREET ADDRESS	***225.80	DE023
CITY-ST-ZIP	do hereby certify that the information availed with this flow is all as it.		4 - 24 - 6 - 2 - 3 - 1	ITY - ST - ZIP		
further cer made und	tify that the information indicer er oath, that I am an officer	sated on this annual report or su or director of the carporation or	iarily lurnished a ipplemental anni the receiver or tr	ind does not quali Jal report is true a Jiston empowered	fy for the exemption stated in Section 1 nd accurate and that my signature shall to execute this report as required by 0	19 07(3)(k), Florida Statutes       have the same legal offect as if
that my na	me appears in Brock 12 of E	lock 13 if changed, or on an att	achment with an	address	. 10 evocate mis report as required by C	- aprei o i / , riorida Stature (1970)
SIGNATI	URE: SIGNATURE AND	TYPED OR PRINTED NAME OF SIGNING	OFFICER OR DIRECT	OR	Dre	Daytonic Please #