FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNIHAL DEPORT



FLORIDA DEPARTMENT

STATE Sandra B. Morti

FILED Apr 17 1997 8:00am

	1997				Secretary of Sta DIVISION OF CORPORTIONS			Secretary of State							
	MENT # on Name .ASTIC CONI	P96000 NECTION, INC.	04	0069	(2)										
Principal Plac	ce of Business		M	lailing Addres	S					-					
1399 S.W. 30TH AVE. 1399 S.W. 30TH AVE.															
#E BOYNTON BEA	ACH FL 33426-334	12		e Oynton beac	H FL 334	26- 9 0	19								_
69				69						 Date Incorporated or Qualif 05/09/1996 	ied	3a. Date o	Last R	eport	
2. Principal Place of Business				2a. Mailing Address						4. FEI Number 65-0665623				plied For	
Suite, Apt. #, etc				Suite, Apt. #, etc.								_ s		t Applicable	1
22				27						Certificate of Status Desired	i 		Fee Re		
City & Stat	te		28	City & State						Election Campaign Financia Trust Fund Contribution	ng		5.00 Added 1	May Be o Fees	
Zip	-	Country	-	Zip			Country	′		8. This corporation has liability	for in	tangible tax i	under s.	199.032,	
24	g. Name and	Address of Curren	29 t Regis	stered Agent	·	30				Florida Statutes 10. Name and Address of Nev			-		1
KAL	LIL, JEFFERSO	N D					81	Na	ne						
	9 S.W. 30TH A						82	Stre	et Addre	ss (P.O. Box Number Is Not Acce	ptable	9)			ì
BO'	ynton beach	I FL 33426-9031					83	ļ			····				
							L	<u> </u>							
							84	1				FL 8	1	Code	
11. Pursuant office or i agent La	to the provisions registered agent and familiar with, a	s of Sections 607.050 , or both, in the State and accept the obliga	2 and 6 of Flori ations o	07, 1508, Flor da. Such cha if, Section 607	ida Statut nge was i .0505, Fk	es, the autho orida	ne abov orized b Statute	e-nan y the s.	ed corpo corporation	oration submits this statement for on's board of directors. I hereby a	the pu ccept	rpose of cha the appoint	nging it nent as	s registered registered	
	Signature, typed or p	ricled rame of registered age			(NOT			em sign	iture require	d when reinstating)		DATE			۱.,
12.	T D	OFFICERS AN	DIRE		ELETE	-	13. 1.1 TITLE	-	T	ADDITIONS/CHANGES TO C	FFICE		Change	S IN 12 Addition	90/0/
NAME	KALIL, JEFF	ERSON D			-	- 1	1.2 NAME		1						ì
STREET ADDRESS		OTH AVE. #E				ı	1.3 STREE	T ADDRE	ss						SPERM
CITY-ST-ZIP	BOYNTON	3EACH FL 33426-9	031	* · · · · · · · · · · · · · · · · · · ·		-	1.4 CITY-5	ST-ZIP							Š
TITLE		•		ا لِيَ	ELETE		2.1 TITLE					Ц	Change	Addition	١
NAME STREET ADDRESS						- 1	2.2 NAME 2.3 STREE	T ARADO	ce						
CITY - ST - ZIP							2.4 CITY-		»						
TITLE					ELETE		3.1 TITLE	O, E.	-				Change	Addition	
NAME						1	3.2 NAME		1						1
STREET ADDRESS						1	3.3 STREE	t addre	ss						
CITY-ST-ZIP					ELETE		3.4. CITY -	ST-ZIP					Change	Addition	
NAME				با ليسا	ICCE IE		4.1 TITLE 4. 2 NAME						() I KA I ÝO	L_I Addition	
STREET ADDRESS							4.3 STREE		SS						
C(1) Y = \$1 - Z)P							4.4 CITY-	ST - ZIP							
TITLE															
NAME					ELETE		5.1 TITLE						Change	Addition	
STREET ADDRESS					ELETE	ı	5.2 NAME						Change	Addition	
				[] c	ELETE		5.2 NAME 5.3 STREE	T ADORE	SS				Change	☐ Addition	
CiTY - ST - ZIP							5.2 NAME 5.3 STREE 5.4 CITY-	T ADORE	SS				Change Change	Addition	
					ELETE		5.2 NAME 5.3 STREE	t adore St-zip	SS						
CITY - ST - ZIP TITLE							5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE	T ADORE							

14. I do hereby certify that the information supplied with this fillion does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual region of supplied ental annual region of the control o appears in Block 12 or Blo

(561) 736-6689