FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

FILED

Apr 02 1997 8:00am

	AL REPORT Secretary of State DIVISION OF CORPORATIONS					Secretary of State			
DOCUN 1. Corporation	MENT # P9600	, (PT			4417				
							 	1811 (111) (111) 1811 (111) (111)	
Principal Place of Business Mailing Address						J (Barretti era saula toute adelli adelli ad	H POHI BINDI	11881 \$1181 81111	1941 1941
941 NO STATE ROAD 7 941 NO STATE ROAD 7 PLANTATION FL 33317 PLANTATION FL 33317-151									
						3. Date Incorporated or Qualified 05/14/1996	3a. Dai	te of Last Re	port
	lace of Business	2a. Mailing Address			4. FEI Number 65-066514Z		f	plied For	
Suite, Apt.	#, etc	26 Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
22 City & State		27 City & State			6. Election Campaign Financing		Fee Re		
23	··	28			·	Trust Fund Contribution		\$5.00 Added to	o Fees
Zip 24	Country 25	Zip 29	30	ountry		8. This corporation has liability for Florida Statutes		tax under s.] No	199.032,
24)	9. Name and Address of Curre		1301	Ţ,		10. Name and Address of New Re			
	ND, ARTMUR NO STATE ROAD 7				Name				
	NO STATE HOAD / INTATION FL 33317			82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)		}
, _	•			83		· · · · · · · · · · · · · · · · · · ·			
				84	City		FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florid	Statutes, the	above-	named cor	poration submits this statement for the tition's board of directors. I hereby acce		changing its	s registered
agent La	m familiar with, and accept the obli	igations of, Section 607.	505, Florida S	tatutes.	tile corpora	gion's board of directors. Thereby acce	or and arbbo	AIRCHIOTE AS	egistered
SIGNATURE	Segred her type or or printed harve of registered a	overt and title if applicable	(NOTE: Regist	ered Agen	t signature requ	ired when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	1; FTE 1	3. 1 TITLE		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTORS Change	S IN 12 Addition
NAME.	KANTOR, STEVEN M		1	NAME				C) Onlange	Audulion
STREET ADDRESS	200 SO PINE ISLAND ROAD	STE 206	1.3	3 STREET #	ADDRESS .				1
CITY - ST - ZIP TITLE	PLANTATION FL 33324	DEI		I CITY-ST	-ZIP			Change	☐ Addition
NAME	BOND, ARTHUR	<u></u>		2 NAME	Ì			C. Ondriga	
STREET ADDRESS	941 NO STATE ROAD 7			3 STREET A	t .				}
CHY-SI-74P TITLE	PLANTATION FL 33317	DFI		4 CHY-ST 1 TITLE	1 - 71P		<u></u>	Change	Addition
NAME			3.5	2 NAME	1.				
STREET ADDRESS				STREET A	ł	,			Ì
CITY - S1 - ZIP TITLE		☐ DEI		4. CITY-ST 1 TITLE	1-214	I		Change	Addition
NAME				2 NAME					
STREET ADDRESS CHY-51 ZIF			i i	3 STREET # 4 City - St	1				}
THEF		DEI	# W -	1 TITLE				Change	Addition
NAME CAREEL ACCRESSES				2 NAME	100mm				
STREET ADDRESS CITY+ST-785			- 1	3 STREET # 4 CITY-ST	1.				
THLE		DE:	.ETE 6.	1 TITLE				Change	Addition
NAMÉ SEREFEADURESS T				2 name 3 street <i>a</i>	ADDRESS				
CITY-ST 20F			/ 6	4 CITY-ST	-ZiP				
14. I do heret informatic	by certify that the information suppl on indicated on this annual report of	ied with his filing does r r supplemental annual re	ot qualify for t	he exer	notion state	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same legion at as required by Chapter 607, Florida	s. I further al effect as	certify that if made unr	the der oath; that
l ani ari o appears i	ifficer or director of the corporation in Block 12 or Block 13 if changed,	or the receiver or trustee or on an attachment with	an address.	G exec	te this repo	ort as required by Chapter 607, Florida	Statutes; ar	nd that my n	ame
SIGNAT		en /	1 John H	10	1				1
	SIGNATURE AND THED	OR PRINTED NAME OF SIGNING	OFFICER OR DIR	ECTOR		Date	D.	aytime Phone #	