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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortilam -

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000060632 (2)

PAUL & ASSOCIATES OF BROWARD, INC.

FILED Jun 05 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 821 E SUNRISE BLVD FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304 - 2706 -						
				3. Date Incorporated or Qualified 07/18/1996	3a. Date of Le	ast Report
21 1908	Place of Business Cleveland St.		J23472	4. FEI Number 65 068 257)3	Applied For Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional se Required
City & State			, 92	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
24 330	25 USA 9, Name and Address of Co	29 33033 3	Gountry USA	8. This corporation has liability for Florida Statutes 10. Name and Address of New Re	Yes No	ler s. 199.032,
	JL, JASON W	ment wedistered whent	81 Name	IU, Maille and Address of New Ne	Bistereo Wallt	
621 E SUNRISE BLVD FT LAUDERDALE FL 33304 82 Stree 83 84 City				Address (P.O. Box Number is Not Acceptable) 1908 Cleveland Street 19014 wood FL 85 Zip Code 33022		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or perty 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 opygations of, Section 607.0505, Florida Statutes.						
SIGNATURE PROGRAM (NOTE Registered Agent signature required when reinstating) DATE						
12.	OFFICERS	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO AFFIC	ERS AND PURC	TOPSILVASVA
TITLE	P	DELETE	1.1 TITLE	PAIL, JASON W	Cha	inge 🔲 Addition
NAME	PAUL, JASON W	• •	1.2 NAME	P.O BOX 223472		. (;
STREET ADDRESS	621 E SUNRISE BLVD FT LAUDERDALE FL 3330	4	1.3 STAR POPRESS	TO DOL ASSIT	>> 49 9/	~
CITY-ST-ZIP TITLE		DELETE	14 CITY - \$1 - ZIP 2.1 TITLE	itally wo ed FL	> > D & a	ange Addition
NAME	ν		2.2 NAME			inge Li Madridii
STREET ADORESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY-ST-ZIP			j
TITLE		DELETE	3.1 TITLE		Cha	inge Addition
NAME	7		3.2 NAME			1
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Cha	nge Addition
NAME :			4. 2 NAME)
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	51 TITLE		Cha	nge Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		:	
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Cha	nge 🔲 Addition
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			ŀ
CITY-ST-ZIP			6.4 C(TY - ST - ZIP			
	by certify that the information sur	onlied with this filing does not qualify t		ted in Section 119 07(3)(i). Florida Statute	s. I further certify	that the

Information indicated on this annual report or supplied with this timing does not quality for the exemption stated in Section 119.07(3)(i). 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 eath; that I am an officer or director of the corporation of 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 inchanged for on an attachment with an address.