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PROFIT CORPORATION ANNUAL REPORT

1997

Lam an officer or director of the con appears in Block 12 or Block 12

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P960 GROUP, CORP.	· · · · · · · · · · · · · · · · · · ·	·	L'ACCINE I RE LAME EMIT COM CEUT DI	a nn 4818 2 (848 1 41810 (8)(6	1 1000: (NE 100)
Principal Plac	re of Business	Mailing Address				
Frincipal Place of Business B210 NW 40TH STREET		8210 NW 40TH STREET				
CORAL SPRINGS FL 33065		CORAL SPRINGS FL 33085-2926				
				3. Date Incorporated or Qualified 09/30/1996	d 3a, Date of Le	ast Report
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number .		Applied For
1)	4	26 Cuite And H ata	,	65-0718803	152312	Not Applicable
Suite, Apt	π, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional ee Required
City & Stati	te	City & State		6. Election Campaign Financing		.00 May Be
3		28		Trust Fund Contribution	☐ Ad	ded to Fees
- Zip D	Country	Zip	Country	8. This corporation has liability for	or intangible tax und	der s. 199.032,
4	g. Name and Address of C	29 29 Agent	[30]	Florida Statutes 10. Name and Address of New I		
MCC	CASHIN, GRAY		81 Name			
8210	0 NW 40TH STREET RAL SPRINGS FL 33065		82 Street Add	dress (P.O. Box Number is Not Accept	lable)	
			64 City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida Stati	utes, the above-named cor	rooration submits this statement for the	e purpose of chang	ing its registered
office or r agent. La	registered adent, or point in the am familiar of and accept the	State of Floritia. Such change was Suligations //, Section 607.0505, I	s authorized by the corpora Florida Statutes.	rporation submits this statement for the ation's board of directors. I hereby acc	cept the appointmen	nt as registered
office or r agent I a SIGNATURE	/ Un/ 1 1	70 · C	s authorized by the corpora Florida Statutes. DTE Registered Agent signature requ		cept the appointment	nt as registered
SIGNATURE	Signature, typed or print I name of regula	ered agent and into if applicable (NC AS AND DIRECTORS			A 30 (B) DATE FICERS AND DIRECT	OTORS IN 12
SIGNATURE	Sign and, type d'or print 1 name of regit of OFFICER	ered agent and life if applicable (NC	DTE Registered Agent signature required. 13. 1.1 TitLE	uired when reinstating)	A/30/8	OTORS IN 12
SIGNATURE 12. IIILE NAME	Signated typical or pently a name of register OFFICER D MCCASHIN, GRAY	ered agent and into if applicable (NC AS AND DIRECTORS	DTE Registered Agent signature requirements 13. 1.1 TiTLE 1.2 NAME	uired when reinstating)	A 30 (B) DATE FICERS AND DIRECT	OTORS IN 12
SIGNATURE 12. ITLE VAME STHEET ADDRESS	Signated type of or pently a name of register OFFICER D MCCASHIN, GRAY 8210 SW 40TH STREET	ered agent and title if applicable (NC IS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	A 30 (B) DATE FICERS AND DIRECT	OTORS IN 12
SIGNATURE 12. HTLE VAME STREET ADDRESS CITY-ST-7/P	Signated typical or pently a name of register OFFICER D MCCASHIN, GRAY	ered agent and title if applicable (NC IS AND DIRECTORS	DTE Registered Agent signature requirements 13. 1.1 TiTLE 1.2 NAME	uired when reinstating)	A 30 (B) DATE FICERS AND DIRECT	CTORS IN 12 Inge Addition
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