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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000091781 (0)

SERRA & ASSOCIATES, INC.

SIGNATURE:

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Principal Place of Business Mailing Address									ŀ	110011001		*** • • • • • • • • • • • • • • • • • •	48111 641	18 181314	1801 SAMBI L	W797 III	
11062 S. MILITARY TRAIL SUITE 412 BOYNTON BEACH FL 33436				11062 S. MILITARY TRAIL SUITE 412 BOYNTON BEACH FL 33436-7217													
										3. Date Inco 11/06/1	1996	or Quali	fied \$	a. Dai	te of Last	t Rep	ort
2. Principal Place of Business				2a. Mailing Address						4. FEI Numb		A 6 1	3 /	-		Appli	ied For
21				26						65	<u>-07</u>	<u>05</u>	<u> </u>	<u> </u>			Applicable
Suite, Apt. #, etc				Suite, Apt. #, etc.						5. Certificat	e of Statu	s Desire	a [)	\$8.75		
22				27						ļ <u>.</u>				·-		Requ	
City & State				City & State						6. Election (_	\$5.0		
23	I County			28			into .			Trust Fun					Adde		
Zip		Country	-	Zip 1	Count					8. This corp		as liability			tax unde:] No	r s. 19	99.032,
24		25 29 30 30 30 30 30 30 30 3				<u> </u>	Florida Statutes Yes										
SERRA, DEANNE										10							
							L	Name									
11062 S. MILITARY TRAIL SUITE 412				82				Street A	et Address (P.O. Box Number is Not Acceptable)								
		CH FL 33436					╁										
BO1	INTON DEA	10H FL 33430															
						84	(City						FL	85 Z	ip Co	de
11 Pursuant	to the provis	ions of Sections 60	07 0502 and	607 1508 Florid	a Statutes	the abov	/A-n	amed	COLDO	oration submits	this state	ment for	the nuro		changing	a its r	egistered
office or r	registered ag	ent, or both, in the	State of Flor	rida. Such chang	e was auth	orized by	y th	e corp	oratio	on's board of d	rectors.	hereby a	accept th	е арро	intment	as re	gistered
	ım ramıllar wi	th, and accept the	obligations -	от, ѕесноп вол.о	JOOS, FIUNDA	a Statute	S.										
SIGNATURÉ	Signature Typing	or printed name of regist	ored agent and lit	lle if applicable	(NOTE: Re	gistered Ap	eni e	signature	required	d when reinstaling)				DATE	**************************************		
12.			RS AND DIRE			13.				ADDITION	IS/CHANG	SES TO C	OFFICER	S AND	DIRECT	ORS	IN 12
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NAME District connect	Ī							المودد									į
STREET ADDRESS						63 STREE											
City-St-ZiP 14. I do hereb	L by certify tha	t the information s	upplied with	this filing does n	ot qualify fo	6.4 CITY-1			tated i	in Section 119	.07(3)(i)	Florida St	atutes. I	further	certify th	at th	e
informatio	on indicated a fficer or direc	on this annual repo clor of the corpora ir Block 13 if chang	ort or supplier ition or the re	mental annual re eceiver or frustee	port is true empowere	and acc	ura	te and	that n	my signature sl	hall have	the same	legal ef	fect as	if made	unde	r oath; that

ATURE AND TYPED OR RUNTED NAME OF BIGNING OFFICER OR DIRECTOR