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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # P96000092215 (8)

CLEAR E Principal Place 11266 NW 43RD CORAL SPRINGS	of Business PLACE	Mailing Address 11266 NW 43RD PLACE CORAL SPRINGS FL 33				
			· ·	3. Date Incorporated or Qualified 11/08/1996	3a. Date of Last R	eport
2. Principa Pla 21 1126		2a, Mailing Address 26 (7.1.46 Act)	1121191.	4. FEI Number 01982		oplied For ot Applicable
Suite, Apt. #, etc 22		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required		
City & State 23 Conol Spring , EC 33065		City & State 28 Coan Som OL 33015		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip 24 3306	25 Country	29 33065	Country 30 0.5	8. This corporation has liability for Florida Statutes	intangible tax under s Yes	. 199.032,
	8. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
HERSHEY, KEVIN R 11288 NW 43RD PLACE CORAL SPRINGS FL 33085			82 Street Add 83 84 City	ress (P.O. Box Number is Not Acceptat		Code
office or reg agent. I am SIGNATURE	gistered agent or both, in the State of tamiliar with, and accept the obligations by the obligation of the state of the st	of Florida Such change water soft Section 807.0505, and little of applicable.	is authorized by the corpora Florida Statutes. IOTE: Registered Agent signature requ	poration submits this statement for the pation's board of directors. I hereby acception when revisibling) ADDITIONS/CHANGES TO OFFICE	pt the appointment as	registered
NAME STREET ADORESS	D HERSHEY, KEVIN R 11266 NW 43RD PLACE CORAL SPRINGS FL 33065	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		Change	Addition
TITLE	COME SPRINGS PE 33003	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME		Change	Addition
STREET ADDRESS CHY-ST-ZIP THLE		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
NAME STREET ADORESS CHY-SI-ZiP		•	3.2 NAME 3.3 STREET ADDRESS 3.4. City-St-Zip			
THEF NAME STREEL ADDRESS		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change	Addition
CUTY - ST - ZIP		☐ DELETE	4.4 CIFY-ST-ZIP 5.1 TITLE		Change	Addition
NAME STREET ADDRESS CITY: ST-ZIF			5.2 NAME 5.3 STREET ADDRESS 5.4 CHTY-ST-ZIP	and the second s		
NAME STREET ASORESS		DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	:•	Change	Addition

14. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arrural report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or 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 if changed, or on an attachment with an address.