FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

-	_	_	_	
 _				
	-		-	

Principal Place of 1900 N UNIV 104 PEMBROKE US		., P.A.	Mailing Address 1900 N UNIVE 104 PEMBROKE P US	ersity dr. Ines fl 39024			3. Date Incorporated or Qualified	i 3a . Date	of Last	Report
							09/19/1990	(05/01/	1995
2. Principal Plac	ce of Business	<u> </u>	2a. Mailing Addres	\$S			4, FEI Number 65-0218605		<u> </u>	Applied For
Suite, Apt. #.	, etc.		Suite, Apt. #,	etc.					\$8.7	Not Applicable 5 Additional
2			27				5. Certificate of Status Desired			Required
Crty & State		}	City & State				6. Election Campaign Financing			00 May Be
3 Zip	Counti		28 Zip		Country		Trust Fund Contribution			ed to Fees
4	25]	· +	29	30	ADD/III y		8. This corporation has liability for Florida Statutes Yes	orintangibie ta ∌s ∏No	x under :	s 199.032,
	9. Name and Addre						10. Name and Address of New		Agent	
					81 Nam	е				
	GARY M.				82 Stree	t Addres	ss (P.O. Box Number is Not Accepta	able)		
	UNIVERSITY DR #						·			
PEMBRU	DKE PINES FL 330	24			83					
					84 City			FL	85 2	ip Code
11. Pursuant to	the provisions of Sect	ions 607,0502 and	607.1508, Florida	Statutes, the a	bove named	corporat	ion submits this statement for the p	urpose of cha	inging its	registered onic
ianiliar with NGNATHRE	the provisions of Sect d agent, or both, in the , and accept the obliga- gnature, typed or printed name	ations of, Section t	507.0505, Florida \$	tatutes.	above named ne corporation ared Agent signatur		ion submits this statement for the p of directors. I hereby accept the ap then renstating!	urpose of cha pointment as	nging its registers	d agent. I am
SIGNATURESI	i, and accept the obligation in a second control of the obligation	ations of, Section t	1007,0505, Florida Si 110 1 applicable. RECTORS	(NOTE: Registe	ered Agent signatur.			DATE		ORS IN 12
SIGNATURE SI	gnature, typed or printed name O	of registered agent and the DFFICERS AND DIS	ite d'applicable.	(NOTE: Registe	ered Agent signatur 3. 1 TITLE		dien reinstating)	DATE FICERS AND		ORS IN 12
SIGNATURE SI 2. ITLE	gnature, typed or printed name D LEVINE, GARY 1	of registered agent and to DEFICERS AND DIS	1007,0505, Florida Si 110 1 applicable. RECTORS	(NOTE Registe 1:	ered Agent signalur 3. 1 TITLE 2 NAME	e required w	dien reinstating)	DATE FICERS AND	DIREC"	ORS IN 12
SIGNATURE SI 2. ITLE IAME STREET ADDRESS	gnature, typed or printed name D LEVINE, GARY I 1900 N UNIVER	of registered agent and to DEFICERS AND DIS M. SITY DR #104	1007,0505, Florida Si 110 1 applicable. RECTORS	(NOTE Registe 1. 1. 1.	ered Agent signalur 3. 1 TITLE 2 NAME 3 STREET ADDRESS	e required w	dien reinstating)	DATE FICERS AND	DIREC"	ORS IN 12
IZATINICAT WITH	gnature, typed or printed name D LEVINE, GARY 1	of registered agent and to DEFICERS AND DIS M. SITY DR #104	1007,0505, Florida Si 110 1 applicable. RECTORS	(NOTE Registe 1. 1. 1. 1.	ered Agent signalur 3. 1 TITLE 2 NAME	e required w	dien reinstating)	DATE FICERS AND	DIRECT	ORS IN 12
ISIGNATURE SI 12. ITHE IAME STREET ADDRESS DIY-ST-ZIP ITHE	D LEVINE, GARY I 1900 N UNIVER PEMBROKE PIN D LEVINE, ROBIN	of registered agent and to DEFICERS AND DIS M. SITY DR #104 IES FL L.	TIP of applicable. RECTORS	(NO1E Rogiste 1. 1. 1. 1. E 2	ered Agent signalur 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY - ST - ZIP	e required w	dien reinstating)	DATE FICERS AND	DIREC"	ORS IN 12
SIGNATURE SI 2. ITLE IAME IREET ADDRESS STY-ST-7/P ITLE IAME	D LEVINE, GARY I 1900 N UNIVER PEMBROKE PIN D LEVINE, ROBIN 1900 N UNIVER	of registered agent and to DEFICERS AND DIS M. SITY DR #104 IES FL L. SITY DR #104	TIP of applicable. RECTORS	(NOTE Rogistr 1. 1. 1. 1. E 2	ared Agent signatur 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE	e required w	dien reinstating)	DATE FICERS AND	DIRECT Change	ORS IN 12
IZATINIZAT WITH	D LEVINE, GARY I 1900 N UNIVER PEMBROKE PIN D LEVINE, ROBIN	of registered agent and to DEFICERS AND DIS M. SITY DR #104 IES FL L. SITY DR #104	TO 4 applicable. RECTORS DELET	(NO1E Registre 1. 1. 1. 1. E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ered Agent signatur 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY- ST- ZIP 1 TITLE 2 NAME	e required w	dien reinstating)	DATE FICERS AND	DIRECT Change	ORS IN 12
SIGNATURE 2. TITLE AME IREET ADDRESS VIY-ST-ZIP TIREET ADDRESS ITY-ST-ZIP TIREET ADDRESS ITY-ST-ZIP TIREET ADDRESS ITY-ST-ZIP TIREET ADDRESS TY-ST-ZIP TIREET ADDRESS	D LEVINE, GARY I 1900 N UNIVER PEMBROKE PIN D LEVINE, ROBIN 1900 N UNIVER	of registered agent and to DEFICERS AND DIS M. SITY DR #104 IES FL L. SITY DR #104	TIP of applicable. RECTORS	(NOTE Rogiste 11: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	seed Agent signatur 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY- ST- ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY- ST- ZIP 1 TITLE	e required w	dien reinstating)	DATE FICERS AND C	DIRECT Change	ORS IN 12 Addition Addition
IATIMAT WITH SIGNATURE 2. IIILE AME IREET ADDRESS ITY-ST-7IP ILE AME ITREET ADDRESS ITY-ST-ZIP ILE AME AME AME AME AME AME AME	D LEVINE, GARY I 1900 N UNIVER PEMBROKE PIN D LEVINE, ROBIN 1900 N UNIVER	of registered agent and to DEFICERS AND DIS M. SITY DR #104 IES FL L. SITY DR #104	TO 4 applicable. RECTORS DELET	(NOTE Rogiste 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	ared Agent signatur 3. 1 TITLE 2 NAME 2 NAME 3 STREET ADDRESS 4 CITY- ST- ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY- ST- ZIP 1 TITLE 2 NAME	e required w	dien reinstating)	DATE FICERS AND C	DIRECT Change	ORS IN 12 Addition Addition
AME IREET ADDRESS ITY ST-ZIP ITE AME IREET ADDRESS ITY ST-ZIP ITE AME IREET ADDRESS ITY ST-ZIP ITE AME IREET ADDRESS	D LEVINE, GARY I 1900 N UNIVER PEMBROKE PIN D LEVINE, ROBIN 1900 N UNIVER	of registered agent and to DEFICERS AND DIS M. SITY DR #104 IES FL L. SITY DR #104	TO 4 applicable. RECTORS DELET	(NOTE Rogiste 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	ared Agent signatur 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY- ST- ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY- ST- ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY- ST- ZIP 1 TITLE 2 NAME 3 STREET ADDRESS	e required w	dien reinstating)	DATE FICERS AND C	DIRECT Change	ORS IN 12 Addition Addition
IATIMAT WITH SIGNATURE 2. IITLE IAME IREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE AME IREET ADDRESS ITY-ST-ZIP	D LEVINE, GARY I 1900 N UNIVER PEMBROKE PIN D LEVINE, ROBIN 1900 N UNIVER	of registered agent and to DEFICERS AND DIS M. SITY DR #104 IES FL L. SITY DR #104	TO 1 applicable. RECTORS DELET DELET	(NOTE Rogistration of the control of	seed Agent signatur 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY- ST- ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY- ST- ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY- ST- ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY- ST- ZIP	e required w	dien reinstating)	DATE FICERS AND	DIREC Change	ORS IN 12 Addition Addition
SIGNATURE 2. SITUE AME IREET ADDRESS OTY-ST-ZIP TILE AME IREET ADDRESS ITY-ST-ZIP SIE ITY-ST-ZIP SIE ITY-ST-ZIP SIE AME IREET ADDRESS ITY-ST-ZIP ILE	D LEVINE, GARY I 1900 N UNIVER PEMBROKE PIN D LEVINE, ROBIN 1900 N UNIVER	of registered agent and to DEFICERS AND DIS M. SITY DR #104 IES FL L. SITY DR #104	TO 4 applicable. RECTORS DELET	E 3 3 3 3 4 4 4	ared Agent signatur 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY- ST- ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY- ST- ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY- ST- ZIP 1 TITLE 2 NAME 3 STREET ADDRESS	e required w	dien reinstating)	DATE FICERS AND	DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE 2. SITUE AME IREEF ADDRESS SITY-SI-ZIP TLE AME IRY-SI-ZIP JLE AME IREET ADDRESS SITY-SI-ZIP JLE AME IREET ADDRESS SITY-SI-ZIP JLE AME AME AME AME AME AME AME A	D LEVINE, GARY I 1900 N UNIVER PEMBROKE PIN D LEVINE, ROBIN 1900 N UNIVER	of registered agent and to DEFICERS AND DIS M. SITY DR #104 IES FL L. SITY DR #104	TO 1 applicable. RECTORS DELET DELET	E 3 3 3 3 3 5 E 4.4	ared Agent signatur 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3. STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3. STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE	e required w	dien reinstating)	DATE FICERS AND	DIREC Change	ORS IN 12 Addition Addition
SIGNATURE 2. SITUE AME IFREET ADDRESS ITY-ST-ZIP TILE AME IRREET ADDRESS ITY-ST-ZIP TILE AME IRREET ADDRESS ITY-ST-ZIP TILE AME IRREET ADDRESS ITY-ST-ZIP ITEE IRREET ADDRESS ITY-ST-ZIP ITEE IRREET ADDRESS ITY-ST-ZIP ITEE IRREET ADDRESS	D LEVINE, GARY I 1900 N UNIVER PEMBROKE PIN D LEVINE, ROBIN 1900 N UNIVER	of registered agent and to DEFICERS AND DIS M. SITY DR #104 IES FL L. SITY DR #104	TO 1 applicable. RECTORS DELET DELET	(NOTE Register 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	ared Agent signatur 3. 1 TITLE 2 NAME 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 1 TITLE 2 NAME 2 NAME	e required w	dien reinstating)	DATE FICERS AND	DIREC Change	ORS IN 12 Addition Addition
SIGNATURE 2. SITUE AME IRREFI ADDRESS SITY-SI-ZIP TILE AME IRREFI ADDRESS SITY-SI-ZIP	D LEVINE, GARY I 1900 N UNIVER PEMBROKE PIN D LEVINE, ROBIN 1900 N UNIVER	of registered agent and to DEFICERS AND DIS M. SITY DR #104 IES FL L. SITY DR #104	TO 1 applicable. RECTORS DELET DELET	(NOTE Rogister 11: 10: 11: 12: 12: 12: 12: 12: 12: 12: 12: 12	Bred Agent Signatur 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3. STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3. STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS	e required w	dien reinstating)	DATE FICERS AND	DIREC Change	ORS IN 12 Addition Addition
TATIMAT WITH AME THEET ADDRESS TILE AME THEET ADDRESS TY-SI-ZIP THE AME THEET ADDRESS TY-SI-ZIP THE AME THEET ADDRESS TY-SI-ZIP THE THEET ADDRESS TY-SI-ZIP THE THEET ADDRESS TY-SI-ZIP	D LEVINE, GARY I 1900 N UNIVER PEMBROKE PIN D LEVINE, ROBIN 1900 N UNIVER	of registered agent and to DEFICERS AND DIS M. SITY DR #104 IES FL L. SITY DR #104	DELET	(NOTE Register 11: 11: 12: 12: 13: 14: 14: 14: 14: 14: 14: 14: 14: 14: 14	seed Agent signatur 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3. STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME	e required w	dien reinstating)	DATE FICERS AND	DIREC Change	ORS IN 12 Addition Addition Addition
AME IREET ADDRESS ITY-ST-ZIP TILE AME IREET ADDRESS	D LEVINE, GARY I 1900 N UNIVER PEMBROKE PIN D LEVINE, ROBIN 1900 N UNIVER	of registered agent and to DEFICERS AND DIS M. SITY DR #104 IES FL L. SITY DR #104	DELET	E 4. 4.4 4.5 5. 5.2 5.3 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1	seed Agent signatur 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 8 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 8 CITY-ST-ZIP 1 TITLE 2 NAME 8 STREET ADDRESS	e required w	dien reinstating)	DATE FICERS AND	DIREC Change	ORS IN 12 Addition Addition Addition
SIGNATURE 2. SITUE S	D LEVINE, GARY I 1900 N UNIVER PEMBROKE PIN D LEVINE, ROBIN 1900 N UNIVER	of registered agent and to DEFICERS AND DIS M. SITY DR #104 IES FL L. SITY DR #104	DELET	E 4. 4. 4. 5. 5. 5. 4. 5. 5. 5. 4. 5. 5. 5. 4. 5. 5. 5. 5. 5. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	seed Agent signatur 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 9 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	e required w	dien reinstating)	DATE FICERS AND	DIREC Change	ORS IN 12 Addition Addition Addition Addition Addition
ISHINIAN WITH	D LEVINE, GARY I 1900 N UNIVER PEMBROKE PIN D LEVINE, ROBIN 1900 N UNIVER	of registered agent and to DEFICERS AND DIS M. SITY DR #104 IES FL L. SITY DR #104	DELET	E 4. 4. 4. 5. 5. 5. 5. 5. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	ared Agent signatur 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE	e required w	dien reinstating)	DATE FICERS AND	DIREC Change	ORS IN 12 Addition Addition Addition
iariiliar with Signature	D LEVINE, GARY I 1900 N UNIVER PEMBROKE PIN D LEVINE, ROBIN 1900 N UNIVER	of registered agent and to DEFICERS AND DIS M. SITY DR #104 IES FL L. SITY DR #104	DELET	E 4. E 5. E 6. E 6. E 6. E 6.	seed Agent signatur 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 9 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	e required w	dien reinstating)	DATE FICERS AND	DIREC Change	ORS IN 12 Addition Addition Addition Addition Addition

SIGNATURE: _

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phore #