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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

FILED Apr 16 1996 8:00 am

DOCUM 1. Corporation I CALL		046 (8)	Secretary of	State
Principal Place o		Mailing Address P O BOX 531399			UI uu i uui uui uui uui uui uui
		MIAMI SHORES F			
				3. Date incorporated or Qualified 3a. E 09/25/1990	Date of Last Report 02/08/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number 65-0337175	Applied For
26 Suite, Apt. #, etc. Suite, Apt. #, et				Not Applicable \$8.75 Additional	
27		here's		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country 25	Ζφ 29	Country 30	8. This corporation has liability for intangibl Florida Statutes Yes No.	
	9. Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
BERNS	TEIN, JOEL			ress (P.O. Box Number is Not Acceptable)	
9701 BISCAYNE BLVD.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MAMI :	SHORES FL 33138		83		
			84 City		85 Zip Code
12.	Signature, typed or printed han is of regularist. OFFICERS PD	AND DIRECTORS	(biO'E Re pshood Apoir signation require 13.	Living recording: PAT ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE NAME	ALLEN, WILLIAM M	☐ Defere	1. 1 TITLE 1.2 NAME		Change Addition
TREET ADDRESS	9701 BISCAYNE BLVD		1.3 STREET ADORESS		
CITY - ST - ZIP	MIAMI SHORES FL		1.4.C(1)Y-SY-Z(F		
ITLE	ST Lurvey, Susan e	☐ DELETE	2 1 1111 F		Change Addition
AME TREET ADDRESS	9701 BISCAYNE BLVD		2.2 NAME 2.3 STREET ADDRESS		
ITY-ST-ZIP	MIAMI SHORES FL		2.4 CITY - ST - ZIP		
ITLE	D	☐ DELETE	3 1 T/TLE		☐ Change ☐ Addition
AME	ALLEN, MAX D. 1000 FOUNTAINWOOD	DDMC	3.2 NAME		
TREFT ADDRESS	GEORGETOWN TX	DRIVE	3.3 STREET ADDRESS		
ITY - ST - ZIP ITLE	OLONGETOWN IX	DELETE	3.4 CHY-ST-ZIP 4.1 THE		☐ Change ☐ Addition
AME			4.2 NAME		C cura de C curanten
TREET ADDRESS			4.3 STREET ADDRESS		
ITY-ST ZIP			4.4 City - \$1 - ZiP		
ITLF		☐ DEFELF	5 ' TITLE		Change Addition
AME			5.2 NAME		
TREET ADDRESS			5.3 STREET ACORESS		
ITY-\$1-ZIP		DELETE	54 CHY S1-212 6 1 TIFLE		Change Addition
ITLE 1		C. Delette	8 S NAWE		C custile C variable
NAME STREET ADDRESS			6.3 STREET ADORESS		
CITY - SI - ZIF			6 4 CITY - ST - ZIP		
	certify that the information supp-	ned with this filling is voluntarly		for the exemption stated in Section 119.07(3)(k)	Florida Statutes, I further

certify that the information adjaced 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 each that my, signature shall have the same legal effect as if made under each, that I am an officer or director of the corporation or the receiver or trustee enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charge, or or an alternation with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-96 (303) 751-5115