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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

S02278 **DOCUMENT #**

(7)

OFFIC	E CENTER OF DAVIE, INC.								
Principal Place of Business N 4800 SW 64 AVE SUITE 104 DAVIE FL 33314		Mailing Address 4800 SW 64 AVE SUITE 104 DAVIE FL 33314	4800 SW 64 AVE SUITE 104						
*******						 Date Incorporated or Qualified 09/24/1990 	3a. Date of 01/	Last He 18/199	
	ace of Business	2a. Mailing Address				4. FEI Number 65-0217906		A	Applied For Not Applicable
Suite, Apt.	# etc	26 Suite, Apt. #, etc.							Additional
22	., 510.	27				5. Certificate of Status Desired		*	Required
City & State	е	City & State	n -			6. Election Campaign Financing	П		May Be
23 Zip	Country	28	Cour	ntrv		Trust Fund Contribution 8. This corporation has Fability for	intannible tax I		199 032
24	25	29	30	y		Florida Statutes 🖫 Yes	s 🔲 No		,00.002,
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New I	Registered Ag	ent	
				81	Name				
SAM ENGEL, JR.				82 Street Address (P.O. Box Number is No			ble)		
	W 64TH AVENUE #104 FL 33314		}	83					
UATIE	FL 33314							1	
				84	City		FL	85 Zip	o Code
SIGNATURE	ith, and accept the obligations of, Sect Signature, typed or printed han a of regelerate agent OFFICERS AN	and little it applicable (188		Ageni	signature nequiro	ADDITIONS/CHANGES TO OF	DATE FICERS AND D	IRECTO	989 IN 12
TITLE	PD	DELETE	1. 1 TITL			ADDITIONS OF PAGES 10 OF		Change	Addition
NAME	ENGEL, SAM, JR.	23	1.2 NA		ļ				
STREET ADDRESS	4800 S. W. 64TH AVE,#104		1.3.81	BEF F	ADDRESS				
C-TY - ST - Z:P	DAVIE FL		1.4 ()	1Y - S1	- ZIP				
TITLE	SD TOTAL DONALD	DELEIE		2 1 TITLE				Change	Addition
NAME	TOMECEK, RONALD 6001 S.W. 45TH STREET		2 2 NA		*ONDICE				
STREET ADDRESS CITY-ST-ZIP	DAME FL			1Y-S1	ADDRESS				
THEF	TD	DELETE	3 1 1					Change	ncitibbA 🔲
NAME	MILLER, ROBERT H		3 2 NA	4MŁ					
STREET ADDRESS	1800 N DOUGLAS ROAD		33 S	TREET	ADDRESS				
CIY-SI-ZIP	PEMBROKE PINES FL	FTLOGUE		<u> 17 - S1</u>	I - Z0°			Change	Addition
TITLE	VD Matthews, Denby S.	DETELE	4. 1 T				LJ	Ghange	☐ vocition
NAME CINCET ANNHESS	4800 SW 64TH AVE. #101		4 2 N/		ADDRESS				
STREET ADDRESS CITY-ST-ZIP	DAVIE FL			IFY - S					
TITLE		DELETE	5 1 T					Change	☐ Addition
NAME			5.2 N	AME					
STREET ADDRESS			53S	TREET	ADURESS				
C:TY-ST ZIP		Florer		1Y - S	I - ZIP			Change	Addition
TITLE		☐ DELETE	6 17					Change	Addition
NAME CANCEL ADDRESS			62 \		ADDRESS				
STREET ADDRESS				INEE I					
CHY-ST-ZIP			1 040	111-3	- 6.9		0.07/0/// 5.		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PROS 4-3-94

SAM ENGLISE