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

S09478 **DOCUMENT #**

(6)

A PRINT THREE OF FORT LAUDERDALE, INC.

| A Phin | I INNEE OF PONT EAUDE | IIIDALL; IIIO: | | | | |
|---|--|---------------------------------|-----------------------|----------------------------------|--|---|
| Principal Place of Business Mailing Address | | | | | | |
| 117 NW SECOND ST | | 117 NW SECOND ST | | | | |
| FT. LAUDERDA | ALE FL 33301 | FT. LAUDERDALE FL | 33301 | | | |
| US | | 00 | | | 3. Date Incorporated or Qualified 10/29/1990 | 3a. Date of Last Report 03/27/1995 |
| 2. Principal Pla | ice of Business | 2a. Mailing Address | | | 4. 1 El Number 65-0244033 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | Crty & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | | 28 | | | rust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Countr | у | 8. This corporation has liability for | |
| 24 | 25 | 29 | 30 | | | □ No |
| | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New R | egistered Agent |
| | | | 8 | | | |
| | , ANNE E. | | 82 | Street Addr | ress (P.C). Box Number is Not Acceptab | ole) |
| | SECOND ST | | 8: | | | |
| L12 | DEDDALF FL 00004 | | | 1 | | |
| FI. LAUI | DERDALE FL 33301 | | 8 | City | | FL 85 Zip Code |
| | the sea friend of Spatiana 607.060 | 2 and 607 1508 Florida Statu | ites the above | named corpo | ration submits this statement for the pu | roose of changing its registered office |
| or register | ed agent, or both, in the State of Flo | nna. Such change was aumor | ized by the cor | poration's boa | and of directors. I hereby accept the app | ointment as registered agent. I am |
| familiar wi | th, and accept the obligations of, Sec | ction 607.0505, Florida Statute | es. | | | |
| SIGNATURE . | Signature, typed or printed name of registered ago | nt and title if applicable. If | NOTE: Registered Ag | ent signature require | | DATE |
| 12. | | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFF | |
| TITLE | D | ☐ DELETE | 1, 1 TiTL | E | | Change Addition |
| NAME | AHRENS, ANNE E. | | 1.2 NAM | | | |
| STREFT ADDRESS | 117 NW SECOND ST | | 1.3 STRE | ET ADORESS | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | 1.4 CITY+ST-ZIP | | | Change Addition |
| TITLE | D | ☐ DELETE | 2. 1 TITL | Ī | | Change Addition |
| NAME | TIGNER, MARTHA C. | | 2 2 NAM | | | |
| STREET ADDRESS | 117 NW SECOND ST | | l. | ET ADDRESS | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | DELETE | 2 4 CITY 3. 1 TITL | | | Change Addition |
| TITLE | D AHRENS, MARK G | [+] Direct | 3.111M | | | |
| NAME | 117 NW SECOND ST | | | EET ADDRESS | | |
| STREET ADDRESS | FT LAUDERDALE FL | | | -ST-ZIP | | |
| CITY - ST - ZIP | | DELETE | 4 1 TITL | | | Change Addition |
| NAME | | | 4 2 NAM | ie | | |
| STREET ADDRESS | | | 4.3 STR | ET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITS | -ST-ZIP | | |
| TITLE | | DELETE | 5 1 111 | .E | | Change 🔲 Addition |
| NAME | | | 5 2 NAN | 1E | | |
| STREET ADDRESS | | | 53 STR | EET ADDRESS | | |
| CITY-ST-ZIP | | <u> </u> | | r-ST-ZIP | | Change Addition |
| TITLE | | ☐ DELETE | 6. 1 TIT | | | Charage Chyanomia |
| NAME | | | 6.2 NAN | 1 | | |
| STREET ADDRESS | | | | EET ADDRESS | | |
| CHTY-ST-ZIP | | | 6.4 CiT | 7-S1-ZIP | | |

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), Fiorida 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 cath; 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:

S SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR