## 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

215251

1. Corporation	MENT # \$1535 RIGHT AGENCY, INC.	51 (7)			
Principal Place	of Business	Mailing Adoress			)
10850 SW 42ND ST. MIAMI FL 33165 US		10850 SW 42ND ST. MIAMI FL 33165 US			
				3. Date Incorporated or Qualified 01/01/1991	3a. Date of Last Report 03/21/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0240530	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt # etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		Cty & State		Election Convenies Figuresian	Fee Required
23		28		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New F	Registered Agent
DOVOLA:	V MICHAEL I				
PRYSLAK, MICHAEL J 10850 SW 42ND ST.			82 Street A	ddress (P.O. Box Number is Not Acceptal	ole)
MIAMI FL 33165			83		
			<b>84</b> City	<u> </u>	<b> 85</b> Zip Code
			City		FL   85   Zip Code
or registere familiar with SIGNATURE		rida. Such change was authora ction 607.0505, Florida Statute	zed by the corporation's b	poration submits this statement for the publicand of directors. Thereby accept the apprint when received	
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
THTLF	DSV	DELETE	1 1 TITLE	D5V.	Change Addition
NAME	DECK, GARY R.		1.2 NAME	Dech, bary R. 414 OCEAN AVE MALVERNE NY	•
STREET ADDRESS	813-TOLEDO DRIVE ALTAMONTE SPRINGS FL		1.3 STREET ADDRESS	414 OCEAN NUE	ucio
CHTY - ST - ZIP TITLE	DP	TI DELETE	14 GITY - ST - Z P 2 1 TITLE	MALVERNE NY	Change Addition
NAME	PRYSLAK, MICHAEL		2.2 NAME		
STREET ADDRESS	10850 S.W. 42ND STREET		2.3 STHEFT ADDRESS		
CITY - ST - ZIP	MIAMI FL		2.4 CITY - \$1 - 71P		
ThTLE	THE CHARGE WE SHEET WITHOUT AND REAL PRINTS AND A SECTION OF THE CONTRACT OF T	☐ DELETE	3 1 TITLE	The state of the s	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY · ST - ZIP TITLE		☐ DELETE	3.4 CFY - ST - ZF2 4.1 TRILE		Change Addition
NAME		[ ] весете	4.2 NAME		Change Addition
STREET AUDRESS			4.3 STREET ACORESS		•
CITY · ST · ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 THILE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		FT recent	5.4 CITY - ST - ZIP		F3 06
TITLE		DELETE	6 1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY - ST - ZIP			6.3 STREET ADDRESS 6.4 CHY+ST ZIP		
14. I do hereby	certify that the information supplier	I with this fring is voluntarily fur	nished and does not qual	ty for the exemption stated in Section 119	.07(3)(k), Florida Statutes, I further
certify that oath; that I	the information indicated on this an	nual report or supplemental and poration or the receiver or trusti	nual report is true and acc se empowered to execute	orate and that my signature shall have the this report as required by Chapter 607, F	same legal effect as if made under

M. PRISTURE MICHTEL J. PRYSLAK, Prisident 12Apr 96 305 221-2582 **SIGNATURE:**