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PROFIT CORPORATION ANNUAL REPORT



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

ANNUAL REPUR
1996

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Principal Place	of Business	Mailing Address					
6100 HOLLY SUITE #206	WOOD BLVD.	6100 HOLLYWOOD SUITE #206	BLVD.				
HOLLYWOO		HOLLYWOOD FL 3	3024		O Data Incompreted or Qualified	3a. Date of Las	Donort
					3. Date Incorporated or Qualified 12/04/1990	05/26	•
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	05/20/	Applied For
1	00 01 20011000	26			65-0234524	<u> </u>	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7	75 Additional
2		27				FI	e Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		. 00 May Be ded to Fees
Zip	Country	Zip	Cou	ntry	This corporation has liability for in		
4	25	29	30	· ····y	Florida Statutes Yes		5 100.00E,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	egistered Agent	
				81 Name			
LEVINS	on, edward e.			82 Street Addre	ess (P.O. Box Number is Not Acceptable	le)	
407 LIN	icoln road, penthouse sou	JTHEAST					
MIAMI !	BEACH FL 33139			83			
				84 City		FL 85	Zip Code
				O-1			
44 Division to	a the provisions of Sections 607.0509	and 607 1509. Elorida Stat	utos the abo	,	ation submits this statement for the nurr		s registered office
or registere	ed agent, or both, in the State of Florida	a. Such change was autho	rized by the c	we-named comor	ation submits this statement for the purp d of directors. I hereby accept the appo	pose of channing i	s registered offici red agent. I am
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oath; that I am an officer or director of the proporation or the receiver or trustee emappears in Block 12 or Block 13 if changes, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 (954) 983-6300