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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

| ANNUAL REPORT 1996 | | | Secretary of State DIVISION OF CORPORATIONS | | IONS | | | | |
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| | ΛENT # | S239 | 75 | (3) | | | | | |
| | LD STRAUS, | JR., P.A. | | | | | 1 1861/486 N/B 14686 N/AB 461/4 AB | 111 1561 11111 110 11 11 | DJ. 31811 D1311 D1611 1881 |
| Procinal Place | of Et usinges | | Maili | ng Address | | | | | |
| Principal Place of Business N 10081 PINES BLVD | | | | 10081 PINES BLVD | | | | | |
| SUITE C | | | 8 | SUITE C | 000040474 | | | | |
| PEMBHUKE | PINES FL 330244 | 6171 | • | Pembroke Pines Fl | 33024-0171 | | 3. Date Incorporated or Qualified 01/10/1991 | 3a. Date of L 05/0 | ast Report 1/1995 |
| 5 · F | | | 2a. M | 2a. Mailing Address 6 | | | 4. FEI Number 65-0235620 | | Applied For Not Applicable |
| Suite, Apt. # | , etc. | | | luite, Apt. #, etc. | | | 5. Certificate of Status Desired | | 3.75 Additional Fee Required |
| City & State | | | | City & State | | | 6. Election Campaign Financing | \$ | 5.00 May Be |
| Zip | <u> </u> | Dountry | F1 | ip | Countr | у | Trust Fund Contribution 8. This corporation has liability for | | Added to Fees der s. 199.032, |
| 24 | 9 Name and | Address of Curre | 29 nt Register | red Agent | 30 | | Florida Statutes Yes 10. Name and Address of New F | | nt |
| | • | | | | 81 | 1 Name | | | |
| STRAUS, ARNOLD, JR. 10081 PINES BLVD | | | | 82 Street | | 2 Street Add | fress (P.O. Box Number is Not Acceptat | /e) | |
| SUITE | | | | | 83 | 3 | | | |
| PEMBR | OKE PINES FL | . 33026 | | | 84 | 4 City | | 85 | Zip Code |
| | | | | | | , , | | FL ∣" | |
| or registere | ed agent, or both, | in the State of Flor | rida. Such c | hange was authorize 05, Florida Statutes | ed by the cor | named corpo poration's boa | oration submits this statement for the pu and of directors. I hereby accept the app | rpose of changin ointment as regis | g its registered office stered agent. I am |
| or registere familiar wit SIGNATURE | ed agent, or both, h, and accept the | in the State of Flore obligations of, Sec | rida, Such cotion 607,05 | hange was authorize 05, Florida Statutes isale (NO | ed by the cor | named corpo poration's boa | ard of directors. I hereby accept the app | rpose of changin ointment as regis | stered agent. I am |
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oath, that I am an officer or director of the corporation or the receiver or trustee em appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND VIEW OF PRINTED NAME OF SIGNING OFFICER OR

2-11-96 305/4312000