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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 21 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S28944

(4)

SEND 4, INC.

| Principal Place of Business   |  |  |               | Mailing Address                               |   |  |   |  | 1 10011010 114 11601 10110 12111 01          | WALESTER BIRT                          | ii <b>alki</b> li alaii | U(V)) S(V)                  | )                          |
|---|--|--|---------------|---|---|--|---|--|--|--|-------------------------|-----------------------------|----------------------------|
| 5947 S. UNIVERISTY DR.<br>Davie Fl 33328  |  |  |               | 5947 S. UNIVERISTY DR.<br>DAVIE FL 33328-6112 |   |  |   |  |  |  |                         |                             |                            |
|   |  |  |               |   |   |  |   |  | 3. Date Incorporated or Qual 01/31/1991      | ified 3                                | 03/15                   |                             | leport                     |
| 2. Principal Pla  | ice of Business  |  | 20.           | Mailing Add                                   | iress   |  |   |  | 4. FEI Number                                |  | 40/10/                  |                             | oplied For                 |
| 21  | ·  |  | 26            | 26  |   |  |   |  | 65-0239438                                   |  |                         |                             | ot Applicable              |
| Suite, Apt. #   | , etc.   |  |               | Suite, Apt #                                  | , etc.  |  |   |  | 5. Certificate of Status Desire              | d [                                    | 7 \$                    | 8.75                        | Additional                 |
| 22  |  |  | 27            |   |   |  |   |  | Certificate of Statos Desire                 | · -                                    | J                       | Fee R                       | equired                    |
| City & State  |  |  | -             | City & State                                  |   |  |   |  | 6. Election Campaign Financi                 |  | _                       | \$5.00                      | May Be                     |
| 23  |  |  | 28            | 7   |   | 1 6  |   |  | Trust Fund Contribution                      |  |                         |                             | to Fees                    |
| Zip   | Country  | ý  |               | Zip   |   | Cou  | ntry  |  | 8. This corporation has liability            | y folyntar                             | ngible tax              | under s                     | 199.032,                   |
| 24  | 25<br>9. Name and Addre  | ss of Curren   | 29<br>I Begis | tered Agent                                   |   | 30   |   |  | Florida Statutes  10. Name and Address of Ne |  | ered Acc                |                             |                            |
| APDA  |  | 40 01 0011011  |               | torou Agoin                                   |   |  | 81  | Name   | 19. Hallie allo Addides (1) 190              | m program                              | OLDU MA                 | 111                         |                            |
|   | amson, Bruce M.<br>'S. University Dr   |  |               |   |   |  |   |  |  |  |                         |                             |                            |
|   | E FL 33328   | •  |               |   |   |  | 82  | Street Addre   | ess (P.O. Box Number is Not Acceptable)      |  |                         |                             |                            |
| DATE  | E 1 E 35320  |  |               |   |   |  | 83  |  |  | ······································ |                         |                             |                            |
|   |  |  |               |   |   |  |   | <u> </u>   |  |  |                         |                             |                            |
|   |  |  |               |   |   |  | 84  | City   |  |  | FL                      | 5 Zip                       | Code                       |
| office or re-<br>agent I am   | gislered agent, or both<br>familiar with, and acc  | i, in the State<br>opt the obliga                                | ations of     | f, Section 607                                | 7.0505, Fi                                    | orida Stat   | utes.   | ,  | ·  |  |                         |                             |                            |
| agent Lam<br>SIGNATURE  | n familiar with, and acc<br>Squature typed or profed name  | ept the obliga   | ations of     | f, Section 607<br>if applicable<br>CTORS      | 7.0505, Fix                                   | orida Stal   | utes.   |  | red when reinstating)  ADDITIONS/CHANGES TO  |  | DATE<br>S AND DIE       | RECTOF                      | IS IN 12                   |
| office or re<br>agent I am<br>SIGNATURE   | n familiar with, and acc<br>Egisture typictor printed name<br>O<br>PTD                                       | opt the obliga<br>of registered age<br>FFICERS AND               | ations of     | f, Section 607<br>if applicable<br>CTORS      | 7.0505, FK                                    | orida Stal   | utes.<br>I Agent  |  |  |  | S AND DI                | RECTOF<br>Change            | RS IN 12                   |
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| office or reagent 1 am SIGNATURE \$ \$ 12.  TILLE NAME SIREET ADDRESS CITY-ST-ZIP   | of familiar with, and accompositive typed or product name OPTD  ABRAMSON, BRUC 5947 S. UNIVERSIT DAVIE FL    | opt the obligate of registered age FFICERS AND                   | ations of     | f, Section 607                                | 7.0505, FIX                                   | E: Registere  13. 1.1 Ti 1.2 No 1.3 Si 1.4 Ci  | I Agent<br>I E<br>ME<br>REET AI   | t signature require  |  |  | S AND DI                | Change                      | Addition                   |
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