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

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 3



1	jal report 1996		Secretary of Maté DIVISION OF CORPORATIONS							
DOCUMENT # S34107 (0)										
1	ous wings (ORP.								
Principal Place	of Business		Jailing Address							
551 SILVER L			551 SILVER LANE							
BOCA RATON FL 33432			BOCA RATON FL 33432							
US			US			ļ.,	3. Date Incorporated or Qualified	3a . Da	te of Last F	Report
A Division Div		т					02/21/1991	()1/24/19	95
2. Principa Pia	AR FOUR	2a 26	. Mailing Address 35 PAR 1	Fine	N		4. FEI Number 65-0245026			Applied For
Suite, Apt. 4		20	Suite, Apt. #, etc.	UUR	· · · · · · · · · · · · · · · · · · ·					Not Applicable Additional
22		27					5. Certificate of Status Desired			Required
City & State		-	City & State	1 /	l c		6. Election Campaign Financing			0 May Be
<u> 23 けい</u> のい。 7 0		Duintry 28	AUBURN ZO		intry		Trust Fund Contribution 8. This corporation has liability for			d to Fees
24 047		29	04210	30		1	Florida Statutes Ye	r⊓nangibie es ∐No	tax under s	199.032,
	9. Name and A	ddress of Current Regis	stered Agent		T	1	0. Name and Address of New		1 Agent	
50111 5	.01401404				81 Name	MS IL	HARGARET BROOM	Dis		
HUHL, D 551 SILV	OUGLAS A.				82 5 ~	L Addross I	(P.O. Fox Number is Not Accepta	able)		
	ATON FL 33432				83	(<u>6000</u>	NW IST AVEN	Ņ£		
DOOR 10	101111 00402					_				
•					84 City -7	BACA	RATUN	FI	85 Z	p Code
11. Pursuant to	o the provisions of a	Sections 607.0502 and 60 the State of Florida, Such	17.1508, Florida Statute	s, the abo	un removed o	opposition	submits this statement for the pidrectors. Thereby accept the ap	urpose of cl		
familiar wit	h, and accept the c	bulgations of Section 607	,0505, Flo n da Statutes.	er by the i	orporation s	s board bi	threctors. I nereby accept the ap	pointment a	is registered	agent, i am
SIGNATURE _	Sgruture Sport Printers	gail (- 07 W	_	Age it significate		Ŷ	pu	/ <u>(</u>	70
12.	3	OFFICERS AND DIREC	CIORS	13.	nge ic sgri) in	TRE INTEST VALUE	ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	DRS IN 12
TITLE	DPST		□ DELETE	1 1 1	ITLE	DPS			☐ Change	Addition
NAME	POHL, DOUG			12 N	3MA	Pott	L, DOUBLAS A.			
STREET ADDRESS	551 SILVER LI			135	HEET ADDRESS	1	PAR FOUR DR			
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NAME			Serric	22 N					□ Change	☐ Addition
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NAME				62 N					☐ Origing®	1/
STREET ADDRESS				1	REET ADORESS					>~1.9

11. Ido 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). Florida 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 oath; 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, open an attachment with an address.

SIGNATURE:

3/11/96 207 1777-6257

6.4 CHTY - ST- ZIP

6.3 STREET ADDRESS

CITY - ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

207 117-6256