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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	\$60 W. 18	DIVISION	N OF CORPOR	ATTONS	1				
DOCUN 1. Corporation	Name	S39282	(6	3)						
PLUSI	HVEND, INC.									
Principal Place	of Business		Mailing Address					MENIE MINI		
	ORAT SQUARE		1991 CORPORA	TE COUADE						
UNIT #181			UNIT #181							
LONGWOOD FL 32750-3532 US			LONGWOOD FL 32750-3532 US			3. Date Incorporated	or Qualified	3a Data	of Last R	aport
			03			03/18/1991			02/07/1	
2. Principa: Pla			2a. Mailing Address			4. FEI Number		-L		Applied For
1 2867 Suite, Apt. #		PULE 2	6 2867 STO		PLACE	59-30700	61			Not Applicable
2 10		2	Suite, Apt. #, etc 7 105	G.		5. Certificate of Status	s Desired			Additional
City & State			City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign	Financing			Required May Be
SANF			8 SAN FOLD) IFL		Trust Fund Contrib				U May Be dito Fees
<i>Z</i> ip 	Cour		Zip	Cou	•	8. This corporation ha			k under s	199.032
327		Iress of Current Reg		30 (<u>'S</u>	Florida Statutes	Yes			
	g, Hamo and Had		gistered Agent		81 Name	10. Name and Addre		egistered A	gent	
BLOOM	I. MARK				4	BLOOM , MARK				
	ORPORATE SQUA	VRE			82 Street Add	dress (P.O. Box Number is N 7	Not Acceptabl LACE	ie)		
UNIT 18					83 577	ITE 10,5				
LONGW	OOD FL 32750					•			85 Zu	Cada
					L 84 L City				1001 41	
1. Pursuant to	the provisions of Se	ctions 607 0502 and	607 1508 Florida St	tatutes the shor	a named core	N FORD	at factles a	<u>FL</u>		2113
11. Pursuant to	the provisions of Se d agent, or both, in the	ctions 607,0502 and he State of Florida. Su	607,1508, Florida St uch change was auth	tatutes, the abor	SA	aration automita this statemen	nt for the pur cept the appo			egistered office agent. I am
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SIGNATURE: Manh

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