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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # \$44288

(6)

	n Name II FINANCIA	L HOLDINGS, II	NC.								
Principal Place of Business Mailing Address							T OR BANKAR THA MANAY MANAY AYDUS T	GIOT IONI OLDIY ALBEY DIO		BHOM DIVINIQU	
1301 W NEWPORT CENTER DR DEERFEILD EBACH FL 33442 US US 1301 W NEWPORT CEN DEERFIELD BEACH FL 33442 US											
-			,			[]	3. Date Incorporated or Qualifie			•	
9. Original Dis			loo Market				04/08/1991 4. FEI Number	05/0	<del></del>		
- ennopai eia	ace of Business		28. Mailing Address				65-0256387		<b></b>	Applied For	
Surte, Apt. #	#. etc.		Suite, Apt. #, etc.					<u>e</u>		Not Applicable  Additional	
2	,		27			1	5. Certificate of Status Desired			Required	
City & State	9		City & State				6. Election Campaign Financing		\$5.00	May Be	
<u> </u>			28				Trust Fund Contribution			to Fees	
Zip T		Country	Zip	Count	ry		This corporation has liability f		der s	199.032,	
<u> </u>	9 Name en	d Address of Currer	29 Agent	30]			Florida Statutes   Name and Address of Nev	∕es ∐No v Rogistored Age			
	J. Hame an	a Address of Odifer	it riegistered Agent	8	1 Name		o. Hamie and Address of New	r Hagistered Age			
MCKNIG		<b>.</b>					* * *				
MCKNIGHT, N. PHILIP 1301 W NEWPORT CENTER DR				82 Street		( Address	P.O. Box Number is Not Accep	table)			
	ELD BEACH F			8	3						
DEE:11112	LED DESIGNA	L 9011L		_						- <u>-</u>	
				8	4 City			FL  8	5   Zıç	Code	
<ol> <li>Pursuant to or registere familiar wit</li> </ol>	to the provisions red agent, or bot th, and accept th	of Sections 607.0502 th, in the State of Florid he obligations of, Sect	? and 607.1508, Florida Sta da. Such change was auth tion 607.0505, Florida Statu	atutes, the above orized by the co utes.	named or rporation	corporation s board of	submits this statement for the directors. I hereby accept the a	purpose of changin ppointment as regis	g its restered	egistered offici agent. I am	
SIGNATURE _											
12.	Signature, typed or pr	rinted name of registered agent	l and tille if applicable				· · · · · · · · · · · · · · · · · · ·				
<b>C</b> .		OFFICERS AN	D DIRECTORS		ent signature	required when		DAYE DEFICERS AND DIR	ÉCTO	BS IN 12	
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BEHyF. ALLEN, Secy 4/24/96 954-419-1370