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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1006

DOCUN	MENT #	S48199)	(1)		···································					
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rincipal Place	of Business		Mailing Address	·							
4301 N. Di)										0.2 0,0,1	
4301 N. DIXIE HWY POMPANO BEACH FL 33064 POMPANO BEACH I					34						
							3. Date Incorporated or	r Qualified	3a. Dat	e of Last F	Report
Principal Pla	ace of Business		2a. Mailing Addre				04/26/1991			07/13/1	995
	IW209 AL	18_ 3	26 9//		2091	2015	4. FEI Number 65-023961	ი			Applied For
Suite Apt. #	, etc.		80ife Apt #.	etc.	30 - 2 - 2 - 3	,,,,,	5. Certificate of Status		LANA -		Not Applicable Additional
City & State			27 /04 City & State						FU	Fee	Required
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7(p)	50 TO	BROWNED.	Ζιp		Country		8. This corporation has		intangible t		d to Fees 199,032,
	9. Name and Ad	Idress of Current Re	29 5302 egistered Agent	メ / 30	15/20	WARD	Florida Statutes 10. Name and Address	Yes	X /No		
			<u> </u>		81 N	lame	IV. Name and Address	S OF NEW H	edistered	Agent	
	CELLA, ANGIE				82 S	treet Address	s (P.O. Box Number is No	ot Accentab	le)		
	I. DIXIE HWY	20004			<u> </u>						
PUMPA	NO BEACH FL 3	33064			83						
					84 C					85 Zu	n Code
Pursuant to or registere	o the provisions of S ed agent, or both, in	ections 607.0502 and the State of Florida. S	607.1508, Florida such change was a	Statutes, the authorized by the		ity ied corporation tion's board o	on submits this statement of directors. Thereby acce	for the pur	FL pose of cha	·	
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cortify that the information indicated on this annual to be supplemental annual report is true and accurate and triat my signature shall have the same legal effect as if made under oath; that I am an officer or director of the cortified annual report is true and accurate and triat my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed an apartitachment with an address.

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