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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

S53109

(2)

DELETE	oipal Place of Business	M	l A elelenea				_		BIR DIBIN BAN	
CORAL SPRINGS FL 33000 CORAL SPRINGS FL 33000 CORAL SPRINGS FL 33000 S. Dute biococcepted or Qualified Services (05/16/1991) Finneral Pince of Business (25/16/1991) Substitution of State Devices (25/16/1991) S. Dute biococcepted or Qualified State Devices (25/16/16/1991) S. Dute biococcepted or Qualified State Devices (25/16/16/1991) S. Dute biococcepted or Qualified State Devices (25/16/16/1991) S. Dute biococcepted or Qualified State Devices (25/16/16/16/16/16/16/16/16/16/16/16/16/16/			~							
Direction Plane of Business 2a Maining Addiness 26										
Proceed Pace of European 28, 150 et al. 28, 25 Application 28, 2	COMAL SPRINGS PL 33040					3. Date Incorporated or Qualified 05/16/1991				
Surie, April 4, oth Surie, April 4, oth	Principal Place of Business	2a.	, Mailing Address	,	. .					
Subs. Apt. II. etc. 27 Chy & State 27 Chy & State 28 Chy & State 29 Chy &	528 FRONT Street	P-11					65-0265324			
Coy & State County 22 22 30 30 1. The process of County 23 30 2. The components has always for intemption as under a 190 000 2. The process State 25 10 25 25 25 25 25 25 25 2	Suite. Apt. #, etc	27	Suite, Apt. #, etc.						Fee	Required
And the second s			Orty & State							•
9. Name and Address of Current Registered Agent WALSH, JOSEPH H. 9500 NW 37TH CT CORAL SPRINGS FL 33065 63 64 City FL 85 Zip Code 15. Personn to the procleme of Sections for CVC2 and 627.1568 Florid. Scalatios, the above named corporation suffered specific for the purpose of controlling of the procleme of Sections for CVC2 and 627.1568 Florid. Scalatios, the above named corporation suffered specific for the purpose of Controlling of CVC2 and 627.1568 Florid. Scalatios, the above named corporation suffered specific for the purpose of CVC2 and 627.1568 Florid. Scalatios, the above named corporation suffered for the purpose of CVC2 and 627.1568 Florid. Scalatios in the above named corporation suffered for the purpose of CVC2 and 627.1568 Florid. Scalatios in the above named corporation suffered for the purpose of CVC2 and 627.1568 Florid. Scalatios in the above named corporation suffered for the purpose of CVC2 and 627.1568 Florid. Scalatios in the above named corporation suffered for the purpose of CVC2 and 627.1568 Florid. Scalatios in the above named corporation suffered for the scalation florid scalation florid scalation for the scalation florid florid florid scalation florid florid florid florid scalation florid	Zip Country	·	Zip Country				8. This corporation has liability for	s corporation has liability for intangible tax under s. 199.032,		
WALSH, JOSEPH H. \$50 NW 37TH CT CORAL SPRINGS FL 33065 83 64 City FL 85 Zg Code 74 Presented the provisions of Sendings 607 CR02 and 607 5568 Floridus Suitates, the above named corporation sufmits this statement for the provisions of Sendings 607 CR02 and 607 5569. For daily gives a life or composition sufmits this statement for the provisions of Sendings 607 CR02 and 607 5569. For daily gives a life or composition sufmits this statement for the provision of the appointment as registered algorit. Landstrain with, and accept the appointment as registered algorit. Landstrain with and accept the chaptered algorit. Landstrain with and accept the appointment as registered algorit. Landstrain with and accept the appointment as registered algorit. Landstrain with and accept the appointment as registered algorit. Landstrain with and accept the appointment as registered algorit. Landstrain with and accept the appointment as registered algorit. Landstrain with and accept the appointment as registered algorit. Landstrain with and accept the appointment as registered algorit. Landstrain with and accept the appointment as registered by confidence and accept and accept the appointment as registered by confidence and provided present and accept and accept and accept that the advances are provided by the appointment as registered by confidence and providence are registered by Craylet Box. For all and accept and accept that the advan			stered Agent	_ 1301	Γ				Agent	
## CIS ##	9. Name and Address of Coll	ent negi	stered rigeri		81	Name				
The Personne to the provisions of Sections 607 0102 and 607 1569. Horizon Statutes, the above named Corporation submits the statement for the purpose of changing its registered agent, or both, in the State of Discret. Such echange was enther cent by the conjunction in board of directors. Through except the appointment as registered agent. Landing with and accept the obeginning of Section 607 0007, for discretized to the conjunction in board of directors. Through except the appointment as registered agent. Landing of the change of the obeginning of Section 607 0007, for discretized to the conjunction in board of directors. Through except the appointment as registered agent. Landing of the change of the purpose of changing its registered agent. Landing of the change of the purpose of changing its registered agent. Landing of the change of the appointment as registered agent. Landing of the change of the appointment as registered agent. Landing of the change of the appointment as registered agent. Landing of the change of the appointment as registered agent. Landing of the change of the appointment as registered agent. Landing of the appointment agent app					82	Street Addr	ress (P.O. Box Number is Not Accepta	ble)	<u></u>	
Resident to the provisions, of Sections 607 0792 and 607.1569. Floridal Shall-ton, the above nemosic corporation submiss this statement for the purpose of changing its elegistered or or registered agent, or both, in this State of Floridal Social Activities to the composition of Social Activities and accept the displaying of Social Social Social Social Social Activities and accept the displaying of Social Socia					83					
I. Pursuant to the provisions of Sections 607 0702 and 607 1508. Floridal Stabilitos, the above mend corporation submits this statement for the purpose of the original is egistered or or registered agent, or both, in the State of Floridal Scalablas. ICRATURE Section 1	CORAL SPRINGS PL 33000							. 	85 7	in Code
REPARTURES OFFICERS AND DIFFE CTORS 13. ACONTIONS CHANGES TO OFFICERS AND DIFFE CTORS IN 12 VALSH, JOSEPH H. SERE LODRES DELETE 1 1004 DELETE 1 1004 DELETE 2 1004 2 2 1004 ACONTIONS CHANGES TO OFFICERS AND DIFFE CTORS IN 12 Change Additions						1 1		FL	_	•
### STORE ADDRESS SOO N.W. 37 CT 13 STRET ADDRESS 14 C11-ST 7P	PSD WALCH JOSEPH H	and dire		1.1	TITLE		ADDITIONS OF AVOLUSTICS OF	<u> </u>	Change	Addition
THE ST-ZPP CORAL SPRINGS FL 14 CTY-ST-ZP	OFOO NIM OF CT					LADDRESS				
DELETE 27 HAME 37 HAME 38 STREET ADDRESS 39	IY-S1-ZIP CORAL SPRINGS FL								ETL Obacce	Addition
BREET ADDRESS DY-ST-ZPP DELETE DELETE 3 STREET ADDRESS BY-ST-ZPP DELETE 3 STREET ADDRESS BY-ST-ZPP DELETE 3 STREET ADDRESS BY-ST-ZPP DELETE AVAILABLE A	TLE		[] DEFEIF							
TREE ADDRESS 24 CTY-ST-ZP Change Addit										
TREE ADRESS TREE ADRESS TY-ST-ZIP DELETE AMM ARE DELETE ACT TY-ST-ZIP DELETE S SIREET ADDRESS ACT TY-ST-ZIP DELETE S SIREET ADDRESS ACT TY-ST-ZIP DELETE S SIREET ADDRESS ACT TY-ST-ZIP DELETE ACT TY-ST-ZIP THE AMME										
AME IREEL ADDRESS INTY-ST-ZIP THE DELETE A LITTLE AND ALCHY-ST-ZIP ALCHY-ST-ZIP ALCHY-ST-ZIP DELETE A LITTLE ALCHY-ST-ZIP DELETE ALCHY-ST-ZIP THE AME STREEL ADDRESS ALCHY-ST-ZIP DELETE S LITTLE AME STREEL ADDRESS SACTY-ST-ZIP THE STREEL ADDRESS SACTY-ST-ZIP THE STREEL ADDRESS STRE			DELFTE						Change	Addition
International and colors Additional colors Additional colors Additional colors Additional colors										
DECETE 4 TIDLE Change Addit	TREET ADDRESS									
AME AME AREEL ADDRESS ACTY - ST- ZIP DELETE DELETE 5 - In UE 5 - ST- ZIP Change Addit Addit AME AME ACTY - ST- ZIP DELETE 6 - In UE 6 - In			m nerete						Chang-	Additio
Additional and the information indicated our this argular report or surprised our trip standard on solicity that the information indicated our this argular report or surprised our trip standard or or an argular for the recovery of the trip and address. 43 SIREF ADDRESS 44 C TY - ST - ZIP 5 * THUE 5 * THUE 5 * THUE 5 * THUE 6 * THUE 6 * THUE 6 * THUE 6 * SIREF ADDRESS 64 C TY - ST - ZIP 14. I do hereby certify that the information supplier is with this fing is volunted, furnished and does not guidify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furth certify that the information indicated our this argular report or supplier our trip supplier is true approaccurate and that my signature shall have the same legal effect as if made uncountry that I am an officer or director of the corporation or the received or disease empowered to execute the report as required by Chapiter 607. Florida Statutes, and that my name appears in Block 12 or Block As if change, or on an attachment of the anaddress.										
DELETE DELETE STANKE STA				4.3	STHE	ELADORESS				
DELETE 5 - TITLE SAME SOLVE-ST-ZIP DELETE 5 - TITLE SACTY-ST-ZIP DELETE 6 - TITLE GRAWI 62 NAWI 63 STREET ADDRESS DITY-ST-ZIP GRAWI 63 STREET ADDRESS DITY-ST-ZIP GRAWI 63 STREET ADDRESS DITY-ST-ZIP 14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not quartly for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furth certify that the information indicated our tilis and uair report or supplied report is true approaching and that my signature shall have the same legal effect as if made un oath; that I am an officer or director or the conformation or the record or that execute the report as required by Chapiter 607. Florida Statutes; and that my name appears in Block 12 or Block 3 if change, or on an attachment of an address	!			4.4	CIY	ST-ZIP			Chaco	a Additio
STREET ADDRESS DITY-ST-ZIP THE DELETE SAC TY-ST-ZIP SAC TY-ST-ZIP Change Addition A			Det E1E						[] Cuang	, Nagara
SACTY-ST-ZIP THE DELETE 6 * INLE Addition Change Addition Addition	AME									
IFLE DELETE DELETE G + IntLE G + IntLE G2 NAM G2 NAM G3 STREET ADDRESS DTY-ST-ZIP G4 C-TY-ST-ZIP G4 C-TY-ST-ZIP G4 C-TY-ST-ZIP G5 NAM G6 NAM	TREEL ADDRESS									
62 NAME 63 STREET ADDRESS DITY-ST-ZIP 64 C-TY-ST-ZIP 14. I do hereby certify that the information simple if with this fling is volunterity furnished and does not querify for the exemption stated in Section 1.19.07(3)(K). Florida Statutes. I furth certify that the information indicated our fils an usual report or supremental actual report is true approaching an address. Significant or the optionation or the recoiled or this argument of the optionation or the recoiled or trials and unal report is true approach and that my signature shall have the same legal effect as if made un certify that the information indicated our fils argument or the recoiled or trialsee empowered to execute the report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 33 if changed, or on an attachment of an address.			DELETE						☐ Chang	e 🔲 Additio
6.3 SIREL ADDRESS 6.4 C-fv - ST-ZIP 14. I do hereby certify that the information significally with this fing is voluntarity furnished and does not quarify for the exemption stated in Section 1.19.07(3)(k), Florida Statutes. I furth certify that the information indicated on this argular report or surfamental agricular report is true and accurate and that my signature shall have the same legal effect as if made un oath; that I am an officer or director of the corporation or the received or disease empowered to execute the report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment of the anaddress.										
6.10 ft - \$1 - \$1P. 14. I do hereby certify that the information supplied with this fling is voluments furnished and does not querify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furth certify that the information indicated out this argued remort or supplied and all report is true and accurate and that my signature shall have the same legal effect as if made uncertify that the information indicated out this argued or true corporation or the received or true corporation or the received or true secured to execute the report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment of the address.				6	3 STR	-ELADORESS	_			
certify that the information induced out this actual as a second or trustee empowered to execute the report as required by Chapter 607. Florida Statutes; and that my name oath; that I am an officer or director of the comporation or the received or trustee empowered to execute the report as required by Chapter 607. Florida Statutes; and that my name oath; that I am an officer or director of the comporation or the received or trustee.	1			6	4 C-1Y	-ST-Z:P	<u> </u>	10.07/20/14	Inrida C+a	tutos I furtinos
appears in Block 12 or Block X3 it changes, or on an adaptine and accounts	14. I do hereby certify that the information supplicating that the information indicated on this path; that I am an officer or direction of the control o	de i v. th. t antual re poration	his fling is voluntarily port or supplemental n or the process	furnished ar apriual repo istee empor address	nd de rt is were	pes not qualify true and accu d to execute t	y for the exemption stated in Section 1 irate and that my signature shall have t the report as required by Chapter 607	19.07(3)(k), t the same leg , Florida Stat	ial effect a utes; and	s if made unde that my name
	appears in Block 12 or Block 13 if changed	i, or ori an	macriment y pari a	V1111022	/		.1 ~	/		

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jasony A. Walsh