## 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

| ANNUAL REPORT |
|---------------|
| 1996          |
| DOCUMENT #    |

SIGNATURE!

S55507

(5)

| 1. Corporation                                    | EX, INC.   | Mailing Address                   |   |  |   |  |
|---|--|-----------------------------------|---|--|---|--|
| 327 BUNKER RANCH ROAD<br>WEST PALM BEACH FL 33405 |  |                                   | 327 BUNKER RANCH ROAD<br>WEST PALM BEACH FL 33405   |  |   |  |
|   |  |                                   | 10000 100 · 100 d d d d d d d d d d d d d d d d d d | 3. Date Incorporated or Qualified<br>05/29/1991  | 3a. Date of Last Report<br>03/31/1995   |  |
|   | ace of Business                                  | 2a. Mailing Address               |   | 4. FEE Number 65-0267604   | Applied For   |  |
| Suite, Apt. 4                                     | # etc  | 26   Suite, Apt. #, etc.          |   | 03 0207004   | Not Applicable  \$8.75 Additional   |  |
| 22  | ., 0.0.  | 27                                |   | 5. Certificate of Status Desired   | Fee Required  |  |
| Orty & State                                      |  | City & State                      |   | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be Added to Fees   |  |
| Zip   | Country  | Zip                               | Country   | 8. This corporation has liability for  |   |  |
| 24  | 25   | 29                                | 30  |  | □ No  |  |
|   | 9. Name and Address of Cur                       | rent Registered Agent             |   | 10. Name and Address of New F  | Registered Agent  |  |
|   |  |                                   | 81 Name   |  |   |  |
| ORLITA, JOSEF                                     |  |                                   | 82 Street A   | Address (P.O. Box Number is Not Acceptable)  |   |  |
|   | IKER RANCH ROAD                                  |                                   |   |  |   |  |
| WEST PA   | ALM BEACH FL 33405                               |                                   | 83  |  |   |  |
|   |  |                                   | 84 City   |  | <b>85</b> <i>Z</i> <sub>IP</sub> Code   |  |
| 44 Dawn oot te                                    | 4  | 500 007 +500 Fig. 0-4             |   |  | FL  |  |
| or registere                                      | ed agent, or both, in the State of Fl            | lorida. Such change was author    | ized by the corporation's I                         | rporation submits this statement for the puboard of directors. Thereby accept the app  | rpose of changing its registered office<br>ointment as registered agent. I am |  |
|   | h, and accept the obligations of, S              | ection 607.0505, Florida Statute  | BS.   |  | -   |  |
| SIGNATURE _                                       | Signature, typed or printed name of registered a | sent and titre if applicable (f   | NOTE: Registered Agent signature re                 | rudrozi odpovra natovna  | DA <sup>7</sup> Ł   |  |
| 12.   |  | AND DIRECTORS                     | 13.   | ADDITIONS/CHANGES TO OFF   |   |  |
| TITLE   | PTS  | ☐ DELETE                          | 1. 1 TITLE  |  | ☐ Change ☐ Addition   |  |
| NAME  | ORLITA, JOSEF                                    |                                   | 1.2 NAME  |  |   |  |
| STREET ADDRESS                                    | 327 BUNKER RANCH RD                              |                                   | 1.3 STREET ADDRESS                                  |  |   |  |
| CITY-ST-ZIP                                       | W PALM BCH FL 3340                               |                                   | 1.4 CITY - ST - ZIP                                 |  |   |  |
| TITLE   |  | ☐ DELETE                          | 2 1 TITLE   | sec<br>Dita Orlita   | Change Addition   |  |
| NAME  |  |                                   | 2 2 11 3/12   | 327 Bunker Ranch R   | o.t   |  |
| STREET ADDRESS                                    |  |                                   |   | <del></del>  |   |  |
| CITY-ST-ZIP<br>TITLE                              |  | ☐ DELETE                          | 2.4 CITY - ST - 712<br>3.1 TITLE                    | West Palm Beach F  |   |  |
| NAME  |  |                                   | 3.2 NAME  |  | Change Addition   |  |
| STREET ADDRESS                                    |  |                                   | 3.2 NAME 3.3 STREET ADDRESS                         |  |   |  |
| CITY-ST-ZIP                                       |  |                                   | 3.4 CITY-ST-7IP                                     |  |   |  |
| TITLE   |  | ☐ DELETE                          | 4.1 TILE  |  | Change Addition   |  |
| NAME  |  | _                                 | 4.2 NAME  |  |   |  |
| STREET ADDRESS                                    |  |                                   | 4.3 STREET ADDRESS                                  |  |   |  |
| CITY-ST-ZIP                                       |  |                                   | 4.4 CITY - ST - ZIP                                 |  |   |  |
| TITLE   |  | DELETE                            | 5. 1 TITLE  |  | Change Addition   |  |
| NAME  |  |                                   | 5.2 NAME  |  |   |  |
| STREET ADDRESS                                    |  |                                   | 5.3 STREET ADDRESS                                  |  |   |  |
| CITY-ST-Z:P                                       |  |                                   | 5.4 CHY-ST-ZIP                                      |  |   |  |
| TITLE   |  | ☐ DEFELE                          | 6 1 THTLE   |  | Change Addition   |  |
| NAME  |  |                                   | 6.2 NAME  |  |   |  |
| STREET ADDRESS                                    |  |                                   | 6.3 STREFT ADDRESS                                  |  |   |  |
| CITY-ST-ZIP                                       | cartify that the information as anti-            | d with this filing is valuated to | 6 4 C/TY - ST - Z/P                                 | fy for the exemption stated in Section 119.  | 07/2)5A Florida Ctat.dea 14 who   |  |
| certify that                                      | the information indicated on this ar             | inual report or supplemental ani  | nual report is true and acc                         | is for the exemption stated in section 1192,<br>urate and that my signature shall have the<br>this report as required by Chapter 607, Fig. | same legal effect as if made under  |  |

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR