• F COR ANNU	E NOW: FILE PROFIT PORATION JAL REPORT 1996	ING FEE AFT	FLORIDA DEPA Sandra Secreta	S \$225.00  RIMENT OF STATE B. Mortham ary of State CORPORATIONS	APPROVE AND FILED 96 JAN 23 AM	
DOCUI 1. Corporation ROTOS		S58556	(9)		SECRETARY OF TALLAHASSEE. F	
Principal Place 8 ISLE OF V FT LAUDERD		1	Hing Address  B ISLE OF VENICE FT LAUDERDALE FL 33	1301		
					3. Date Incorporated or Qualified 06/06/1991	3a. Date of Last Report 04/20/1995
1 '	ace of Business	<b>⊢</b> γ	Mailing Address		4. FE! Number	Applied For
<b>21</b> ∐ Saite, Apt ∓	#, etc.	26	Suite, Apt. #, etc.		59-3080998  5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State		27	City & State		Election Campaign Financing	Fee Required  \$5.00 May Be
<b>23</b> ] <i>7</i> p		intry 28	Ζφ	C	Trust Fund Contribution	Added to Fees
24	25	29 dress of Current Regist	•	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199,032, :- □ No
201 S B MIAMI FI 11. Pursuant to or registere familiar with SIGNATURE	o the provisions of S ad agent, or both, in h, and accept the ot	UITE 2000 ections 607.0502 and 607 the State of Florida, Such ligations of, Section 607.0	0505, Florida Statutes.	83 84 City s, the above named corporation's book	dress (P.O. Box Number is Not Acceptate oration submits this statement for the purard of directors. I hereby accept the app	FL 85 Zip Code
12.	guifa ir, as ' phisis or broates pri	OFFICERS AND DIREC		Hagistered Agent signature require 13.	ed when reinstaling) ADDITIONS/CHANGES TO OFF	DATE
NAME STEFFET ADDRESS	DPS COLITZAS, RO 8 ISLE OF VEN	SEMARY	□ DELEI <del>F</del>	1 1 TITLE 1 2 NAME	ADDITIONS CHANGES TO OFF	Change Addition
CLY ST-ZIP	FT LAUDERDA			1 3 STREET ADDRESS 1 4 CITY - ST - ZIP	800	001707848
TITLE NAME STREET ADDRESS CITY-SE ZIP	D Obkircher, 1 8 ISLE of Ven FT Lauderda	IICE	DELETE	2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	-02/06 ****2	<del>.79601089 -003</del> 200.00 *****200.08
THEE NAME STREET ADDRESS CHY-ST_ZEP			DELETE	3 1 TITLE 32 NAME 33 STREET ADDRESS : 34 CHY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME SUBELL ACCIDESS CHY SU-78			DELETE	4.1 Title 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addilion
THE NAME STREET ADDRESS CITY ST-ZIP			C) DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CHY - ST - ZIP		Change Addition
THUE NAME SURFEL ALIGNESS			☐ DELETE	6 1 TITLE 62 NAME		☐ Change ☐ Addition

14. Ldb hereby certily that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. If further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNINO OFFICER OR DIRECTOR

01-20-1996 (954)522-2821

CR2E034 (12/95)