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

DOCUM 1. Corporation I 2028 I		0) 800			
Principal Place of	of Business	Mail ng Address			
1750 YOUNG CIRCLE SUITE 201 HOLLYWOOD FL 33020-6809 US		1750 S YOUNG CIRCLE SUITE 201 HOLLYWOOD FL 33020-6809 US			
				3. Date Incorporated or Qualified 06/10/1991	3a. Date of Last Report 04/28/1995
2. Principal Plac	ce of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		65-0276028	Not Applicable \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Gertificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution Added to Fees	
Ζιρ 24	Country Zip 29		30	Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No	
	9. Name and Address of Curr			10. Name and Address of New	Registered Agent
			81 Name		
MCGLOTHIN, DENNIS J.			82 Street Add	dress (P.O. Box Number is Not Accepta	sble)
727 NE THIRD AVE FT. LAUDERDALE FL 33304			83		
			84 Čity		85 Zip Code
				oration submits this statement for the p	FL
or registere familiar with SIGNATURE	nd agent, or both, in the State of Fl n, and accept the obligations of, Se signature typed or printed name of registered at	orida. Such change was authorioction 607.0505, Florida Statute	ized by the corporation's bo es. ant Fagsead Apail sgraducters	and of directors. Thereby accept the ap	pointment as registered agent. Fam
12.	OFFICERS AND DIRECTORS DELETE		13. 1. 1 TITLE	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition
TITLE NAME	D Dibiase, Elio anthony		1.2 NAME		
STREET ADDRESS	AND MAINING OFFICE SHIFT AND		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CHY - S1 - 20F		
TITLE		☐ DELETE	2 1 3111.6		Change Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CHY-S1-ZIP			2.4 CHY-ST ZIP		
1/11/6		☐ DELETE	3 1 1171.E		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS 3.4 City - St - ZiP		
C-TY-ST-7iP TITLE		☐ DELETE	4 1 TITE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-7IP		□ DELETE	4 4 C-1Y - S1 - 7/P		Change Addition
TITCE		☐ DELETE	5 1 TITLE 5 2 NAME		□ comple □ require
NAME STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	5		5.4 CHTY - ST - 7/P		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME:			6.2 NAME		
STREET ADDRESS			6.3 STREET ACORESS		

STREET ADDRESS

(ITY-ST-7/P)

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I 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 oath; that I am an officer or director of this perporation 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:

Digning Process

Digning Officer OR DIRECTOR