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

AININUAL HEI	ΟI
1996	

DOCUMENT #

S61150

(6)

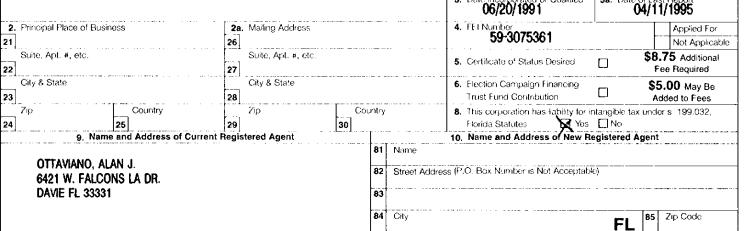
••	COLPION	200				
	A.	١.	R.	VAC	HIIMS.	INC.

Principal Place of Business 6421 W. FALCONS LA DR.

DAVIE FL 33331

Mailing Address

6421 W. FALCONS LA DR. DAVIE FL 33331



11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE. s	signature, typed or printed name of registered agent and blie if ap	gulicatsis (NCFT)	Er Rug Stered Agent signature req	west who i recipt thigh	DAIL	
12. OFFICERS AND DIRECTORS		ORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TILLE	D	DELETE	1 1 TITLE		Change	Addition
NAME:	OTTAVIANO, ALAN J.		1.2 NAME			
STREET ADDRESS	6421 W. FALCONS LA DR		1.3 STREET ADORESS			
CITY-ST-ZIP	DAVIE FL		1.4 CITY - S1 7IF			
TITLE	U	☐ DEFEIF	2 1 1111 (Change	Additron
NAME	OTTAVIANO, LOUISE		2 2 NAME			
STREET ADDRESS	6421 W. FALCONS LA DR		2.3 STREET ADDRESS			
CITY - ST - ZIP	DAVIE FL		2.4 City - St. ZiF			
TITLE		□ DELETE	3 1 TILLE		Dhange	Addition
NAM:			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP		w	3.4 C(1)Y \$1 - Z(P)			
THLE		□ DELETE	4 1 TILLE		□ Change	■ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STHEET ADDRESS			
CITY - ST - ZIP		······	4.4 C(1Y · S1 - Z(Γ			
TiTLE		DELETE	5 1 TILLE		Change	Addition
NAME			5 2 NAME			
STREET ADDRÉSS			5.3 STREET ADDRESS			
CITY-ST-ZIF			5 4 CITY - ST - ZIP		<u></u>	
TITLE		DELETE	6 1 TITLE		Crange	Addition
NAME			6 2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY - S1 - ZIP			6 4 CiTy - ST - ZIP		voids Firstly Out a	

14. I 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 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 chanced, or on as attachment with an address.

SIGNATURE: Standarde and type of printer name of signing officer of director

@ 3/31/96

954 6806975 Daytine Phone #

CR2E034 (12/95)