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

PROFIT CORPORATION ANNUAL REPORT



Ft ORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996

S62579

(5)

DOCUMENT #

1. Corporation Name

| CT | tco: | IMO | WA | DTU | INIC |
|----|-------|------|----|------|------|
| J | I CNL | UNI. | WU | nın. | INC. |

| Principal Place of Business Mailing Address 801 S UNIVERSITY DR. C137- 801 S UNIVERSITY DR. C157- | | | | | | | | |
|--|---|--|---|---|--|-------------|----------------------------------|-------------------------------|
| PLANTATION (| | PLANTATION FL 3332 | | | | | | |
| | | | | | 3. Date incorporated or Qualified 06/24/1991 | | ite of Last R 04/17/19 | |
| Principal Place 21 | ce of Business | 2a. Mailing Address 26 | | | 4, FEI Number 65-0272734 | | J | Applied For |
| Suite, Apt. #, | , etc. | Suite, Apt. #, etc. | | | | | | Not Applicable Additional |
| 22 | C126 | 27 C/2 | 6 | | 5. Cert-ficate of Status Desired | | | Required |
| City & State | | City & State | | | 6. Election Campaign Financing | | | 0 May Be |
| 23 Zip | Country | 26) | Countr | | Trust Fund Contribution | | | d to Fees |
| 24 | 25 | 2φ 29 | 30 | У | 8. This corporation has liability for Florida Statutes | es No | tax under s | 199.032, |
| 241 | g. Name and Address of Currer | | [30] | | 10. Name and Address of New | | d Agent | ·· |
| - | | T | 81 | Name | | | | |
| | N, SHARON A. | | 82 | Street Add | ress (P.O. Box Number is Not Accept | ahle) | | |
| | . 127TH AVENUE | | | | | | | |
| PLANTAI | TION FL 33325 | | 83 | 3 | | | _ | |
| | | | 84 | City | | | 85 Zq | p Code |
| 4.4 Discovered to | " of Sections 607.050" | 2 - C22 (CA2 Elwing Cratu | - at a a | ' | ration submits this statement for the p | j rj | L ' | |
| familiar with | n, and accept the obligations of Sect | thon 607 0505. Horida Statute | COULDY NO word | poraconsiss | ird of directors. I hereby accept the ar | Эрониных г | 15 Inglacaca | lagen rom |
| SIGNATURE _ | Synature, typed or proteo nalive of registered age of | dastine tapolicatés (N | Offic Bog stored Age | ent signatali, regario | id who recisiting | DAT: | <u> </u> | |
| SIGNATURES | Synative, typed or protest nalie of registere Lage of OFFICERS AN | dastine taxidaté — — — — — — — — — — — — — — — — — — — | Of a Florid Stored Age | | d പര ക്രാത്തു ADDITIONS/CHANGES TO O | | | |
| SIGNATURE s | Synative, bysed or posters have of registered age of OFFICERS AN PD | dastine tapolicatés (N | OT: Bug stored Age 13. | | | | ND DIRECTO | DRS IN 12 ☐ Addition |
| SIGNATURE S 12. TITLE NAME | Synal 46, typed or proteo na ac of registered ages OFFICERS AN PD DONOVAN, SHARON A. | dastine taxidaté — — — — — — — — — — — — — — — — — — — | 13. 1 1 THE | | | | | |
| SIGNATURE S 12. TITLE NAME STREET ADDRESS | Syndise, based or protes name of repotered ages OFFICERS AN PD DONOVAN, SHARON A. 281 NW 127TH AVENUE | dastine taxidaté — — — — — — — — — — — — — — — — — — — | 13. 1 1 THE 1 2 NAME 1 3 STREE | T ACCRESS | | | | |
| SIGNATURE S 12. TITLE NAME | Synal 46, typed or proteo na ac of registered ages OFFICERS AN PD DONOVAN, SHARON A. | dastine taxidaté — — — — — — — — — — — — — — — — — — — | 13. 1 1 THE | T ACCRESS ST - ZIP | | | ☐ Change | Additio |
| SIGNATURE S 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AN DONOVAN, SHARON A. 281 NW 127TH AVENUE PLANTATION FL | caector taxidosis — ca ND D'RECTORS — DELETE | 13. 1 1 THLE 1 2 NAME 1 3 STREE 1.4 CITY | - LADDHESS - ST-ZIP | | | | |
| SIGNATURE S 12. Tifle NAME STREET ADDRESS CITY-ST-ZIP Tifle | PD DONOVAN, SHARON A. 281 NW 127TH AVENUE PLANTATION FL | caector taxidosis — ca ND D'RECTORS — DELETE | 13. 1 1 THUE 1 2 NAME 1 3 STREE 1 4 CHY- 2 1 THE 2 2 NAME | - LADDHESS - ST-ZIP | | | ☐ Change | Additio |
| SIGNATURE STILL NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | PD DONOVAN, SHARON A. 281 NW 127TH AVENUE PLANTATION FL. S. DONOVAN, THOMAS A. | caector taxidosis — ca ND D'RECTORS — DELETE | 13. 1 1 THUE 1 2 NAME 1 3 STREE 1 4 CHY- 2 1 THE 2 2 NAME | T ADDRESS ST-ZIP | | | ☐ Change | Additio |
| SIGNATURE STATE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | PD DONOVAN, SHARON A. 281 NW 127TH AVENUE PLANTATION FL S DONOVAN, THOMAS A. 281 NW 127TH AVENUE | caector taxidosis — ca ND D'RECTORS — DELETE | 13. 1 THUE 1 2 NAME 1 3 STREE 1.4 CHY- 2 1 TILE 22 NAME 2 3 STREE | I ACORESS SI - ZIP I ACORESS SI - ZIP | | | ☐ Change | Addition |
| SIGNATURE STATE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DONOVAN, SHARON A. 281 NW 127TH AVENUE PLANTATION FL S DONOVAN, THOMAS A. 281 NW 127TH AVENUE | Caroline Lagricules Car ND D'RECTORS DELETE DELETE | 13. 1 1 THUE 1 2 NAME 1 3 STREE 1 4 CHY- 2 1 THE 2 2 NAME 2 3 STREE 2 4 CHY- | - LADDRESS ST-ZIP - LADDRESS ST_ZIP | | | Change | Additio |
| SIGNATURE STATE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADCRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE | PD DONOVAN, SHARON A. 281 NW 127TH AVENUE PLANTATION FL S DONOVAN, THOMAS A. 281 NW 127TH AVENUE | Caroline Lagricules Car ND D'RECTORS DELETE DELETE | 13. 1 THUE 1 2 NAME 1 3 STREE 2 2 NAME 2 3 STREE 2 4 CHY 3 THUE 3 2 AME | - LADDRESS ST-ZIP - LADDRESS ST_ZIP | | | Change | Addition |
| SIGNATURE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADCRESS CITY-ST-ZIP TITLE NAME STREET ADCRESS CITY-ST-ZIP TITLE NAME STREET ADCRESS CITY-ST-ZIP | PD DONOVAN, SHARON A. 281 NW 127TH AVENUE PLANTATION FL S DONOVAN, THOMAS A. 281 NW 127TH AVENUE | Caroline Lagoronio. Caroli | 13. 1 THUE 1 2 NAME 1 3 STREE 1.4 CHY 2 1 THUE 2 2 NAME 2 3 STREE 2 4 CHY 3 1 THUE 3 2 AME 3 3 THEE 3 4 TY | - LADDRESS ST-ZIP - LADDRESS ST-ZIP - LADDRESS ST-ZIP | | | Change Change | Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | PD DONOVAN, SHARON A. 281 NW 127TH AVENUE PLANTATION FL S DONOVAN, THOMAS A. 281 NW 127TH AVENUE | Caroline Lagricules Car ND D'RECTORS DELETE DELETE | 13. 1 THUE 1 2 NAME 1 3 STREE 1.4 CHY- 2 1 THE 2 2 NAME 2 3 STREE 2 4 CHY- 3 1 THE 3 2 AME 3 3 TREE 3 4 TY- 4 THE | I ACORESS ST-ZIP I ACORESS ST-ZIP ET ACORESS ST-ZIP | | | Change | Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | PD DONOVAN, SHARON A. 281 NW 127TH AVENUE PLANTATION FL S DONOVAN, THOMAS A. 281 NW 127TH AVENUE | Caroline Lagoronio. Caroli | 13. 1 THUE 1 2 NAME 1 3 STREE 1.4 CHY 2 1 THUE 2 2 NAME 2 3 STREE 2 4 CHY 3 1 THUE 3 2 AME 3 3 THEE 3 4 TY | I ACORESS ST-ZIP I ACORESS ST ZIP ET ADORESS ST-ZIP | | | Change Change | Addits |
| SIGNATURE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADCRESS | PD DONOVAN, SHARON A. 281 NW 127TH AVENUE PLANTATION FL S DONOVAN, THOMAS A. 281 NW 127TH AVENUE | Caroline Lagoronio. Caroli | 13. 1 THUE 1 2 NAME 1 3 STREE 1.4 CHY- 2 1 THUE 2 2 NAME 2 3 STREE 2 4 CHY- 3 1 THUE 3 2 AME 3 3 TREE 3 4 THUE 4 THUE 4 THUE 4 THUE | - I ACORESS ST-ZIP - I ACORESS ST ZIP - ET ADDRESS ST-ZIP - ACORESS | | | Change Change | Addit |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DONOVAN, SHARON A. 281 NW 127TH AVENUE PLANTATION FL S DONOVAN, THOMAS A. 281 NW 127TH AVENUE | Carectine Lagriconic Carectine Lagriconic Carectine Care | 13. 1 THUE 1 2 NAME 1 3 STREE 1.4 CHY- 2 1 THUE 2 2 NAME 2 3 STREE 2 4 CHY- 3 1 THUE 3 2 AME 3 3 TREE 3 4 THUE 4 THUE 4 THUE 4 THUE | I ACORESS ST-ZIP I ACORESS ST ZIP ET ADORESS ST-ZIP | | | Change Change Change | Addits |
| SIGNATURE STATE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADCRESS CITY-ST-ZIP TITLE | PD DONOVAN, SHARON A. 281 NW 127TH AVENUE PLANTATION FL S DONOVAN, THOMAS A. 281 NW 127TH AVENUE | Caroline Lagoronio. Caroli | 13. 1 THEF 1 2 NAME 1 3 STREE 1.4 CHY- 2 1 THE 2 2 NAME 2 3 STREE 2 4 CHY- 3 1 THE 3 2 AME 3 3 THE 3 4 THE 4 THEF 4 THEF 4 THEF 4 THEF 4 THEF 5 THEF | - I ACORESS ST-ZIP - I ACORESS ST ZIP - ET ADDRESS ST-ZIP - ACORESS | | | Change Change | Addit |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADCRESS CITY-ST-ZIP TITLE NAME NAME | PD DONOVAN, SHARON A. 281 NW 127TH AVENUE PLANTATION FL S DONOVAN, THOMAS A. 281 NW 127TH AVENUE | Carectine Lagriconic Carectine Lagriconic Carectine Care | 13. 1 THEF 1 2 NAME 1 3 STREE 1.4 CITY- 2 1 THEE 2 2 NAME 2 3 STREE 2 4 CITY- 3 1 THEE 3 2 AME 3 3 THEE 3 4 THEE 4 1 THEE 4 1 THEE 4 1 THEE 5 THEE 5 MARE | -I ACORESS ST-ZIP -I ACORESS ST ZIP | | | Change Change Change | Addit |
| SIGNATURE 12. 17. 17. 17. 18. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | PD DONOVAN, SHARON A. 281 NW 127TH AVENUE PLANTATION FL S DONOVAN, THOMAS A. 281 NW 127TH AVENUE | Carectine Lagriconic Carectine Lagriconic Carectine Care | 113. 1 1 THEF 1 2 NAME 1 3 STREEF 1.4 CITY- 2 1 THEE 2 2 NAME 2 3 STREEF 2 4 CITY- 3 1 THEE 3 2 AME 3 3 THEE 3 4 THEE 4 1 AME 4 1 THEE 4 1 THEE 4 1 THEE 5 THEE 5 NAME 5 THEE | -I ACORESS ST-ZIP -I ACORESS ST-ZIP -I ACORESS ST-ZIP -I ACORESS ST-ZIP -I ACORESS | | | Change Change Change | Addit |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADCRESS CITY-ST-ZIP TITLE NAME NAME | PD DONOVAN, SHARON A. 281 NW 127TH AVENUE PLANTATION FL S DONOVAN, THOMAS A. 281 NW 127TH AVENUE | Carectine Lagriconic Carectine Lagriconic Carectine Care | 113. 1 1 THEF 1 2 NAME 1 3 STREEF 1.4 CITY- 2 1 THEE 2 2 NAME 2 3 STREEF 2 4 CITY- 3 1 THEE 3 2 AME 3 3 THEE 3 4 THEE 4 1 AME 4 1 THEE 4 1 THEE 4 1 THEE 5 THEE 5 NAME 5 THEE | I ADDRESS ST-ZIP I ADDRESS ST-ZIP ET ADDRESS ST-ZIP ADDRESS ST-ZIP T ADDRESS S: ZIP | | | Change Change Change | Addit |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DONOVAN, SHARON A. 281 NW 127TH AVENUE PLANTATION FL S DONOVAN, THOMAS A. 281 NW 127TH AVENUE | DELETE DELETE DELETE | 13. 1 THEF 1 2 NAME 1 3 STREE 1.4 CITY- 2 1 THEF 2 2 NAME 2 3 STREE 2 4 CITY- 3 1 THEE 3 2 AME 3 3 THEE 3 4 TY- 4 THEE 4 THEE 4 THEE 5 MAR 5 OFF | I ADDRESS ST-ZIP I ADDRESS ST-ZIP ET ADDRESS ST-ZIP ADDRESS ST-ZIP T ADDRESS S: ZIP | | | Change Change Change | Addit Addit Addit Addit Addit |
| SIGNATURE 12. 17. 17. 17. 17. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | PD DONOVAN, SHARON A. 281 NW 127TH AVENUE PLANTATION FL S DONOVAN, THOMAS A. 281 NW 127TH AVENUE | DELETE DELETE DELETE | 113. 1 THEF 1 2 NAME 1 3 STREE 1.4 CITY- 2 1 THEE 2 2 NAME 2 3 STREE 2 4 CITY- 3 1 THEE 3 2 AME 3 3 THEE 3 4 THEE 4 1 AME 4 1 THEE 4 1 THEE 5 KMB 5 HEE 5 KMB 6 LE 6 MAS | I ADDRESS ST-ZIP I ADDRESS ST-ZIP ET ADDRESS ST-ZIP ADDRESS ST-ZIP T ADDRESS S: ZIP | | | Change Change Change | Addit |

4. To difference or the information supplied with this ting is volcinarily furnished a cortify that the information indicated on this annual report or supplemental annual report or su

SIGNATURE:-

45

true and accurate and that my signature shall have the same legal effect as if made under and the true signature shall have the same legal effect as if made under a tree execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE AND TYPED ON PARTIED NAME OF SIGNING OFFICER OR DIFF TOR

(954)474-7738