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

PROFIT



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1996			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # S6677			9 (7)					
MY B	OAT CORP.						18 (8): 8:816 8:816 8:80	I BIBLI BIBLI BIBLI LABI
.					**************************************			
Principal Place of Business Malling Address								**************************************
1812 S.W. 31ST AVENUE PEMBROKE PARK FL 33009			1812 S.W. 31ST AVENUE PEMBROKE PARK FL 33009					
						3. Date Incorporated or Qualified 07/09/1991	3a. Date of Las	•
2. Principal Place of Business			2a. Mailing Address			4. FEI Number	1 01,60	Applied For
21			26			65-0417339		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional se Required
City & State			City & State			6. Election Campaign Financing		.00 May Be
23			28			Trust Fund Contribution		lded to Fees
Zip	Country		Zip	Countr	у	8. This corporation has liability for i		rs 199.032,
24 25 9. Name and Address of Current		29 ent Regis					Florida Statutes X Yes No Name and Address of New Registered Agent	
	g, realise and realises of opin	on nogra	wood regent	81	Name	IV. Name and Address of New A	adisteren Wheirr	
KELSE'	Y, CHARLES M., JR			82	Ctroot Ada	dress (P.O. Box Number is Not Acceptable	[A]	
	.W. 31ST AVENUE			64	SIPBBL ACC	dress (F.O. Box Number is Not Acceptable	е)	
PEMBR	OKE PARK FL 33009			83	1			
				84	City		85	Zip Code
					' '		- FL 1	·
or registere	o the provisions of Sections 607.050 agent, or both, in the State of Flo	uz and 60 irida. Such	7.1508, Florida St atut e Lchange was auth oriz e	s, the above id by the con	named corpo poration's bo	oration submits this statement for the purp ard of directors. I hereby accept the appo	bose of changing it Intrant as register	is registered office red agent. I am
SIGNATURE								
12.	Signature: typed or printed name of registered ago OFFICERS A			13.	nt signature requir	red when reinstating; ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIREC	TORS IN 12
TITLE			DELETE.	1.17/10	T	ADDITIONAL OF LANGES TO COLL	Chang	
NAME	KELSEY, CHARLES M., JR	ł		1.2 NAME				
STREET ADDRESS	1812 S.W. 31ST AVE.			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	PEMBRÖKE PARK FL			1.4 CITY -	ST-ZIP			
1111.6	D		Dere ie	2. 1 TITLE			Chang	ge [] Addition
NAME.	KELSEY, CHARLES M., JR	ľ		2.2 NAME				
STREET ADDRESS	1912 S.W. 31ST AVE. PEMBROKE PARK FL				T ADDRESS			
CITY-ST-ZIP TITLE	FEMIDIONE FAIN FL		DELETE	2.4 CITY - 3. 1 TITLE			☐ Chang	ge [] Addition
NAME			La pace is	3.2 NAME		70000180	iga be	le [] Vanities
STREET ADDRESS					I ADDRESS	70000180 -08/01/96010	69022	
CITY-ST-ZIP				3.4 CITY-		***200 . 00		
TITLE			DELETE	4.1 TITLE			Chang	ge 🔲 Addition
NAME				4.2 NAME				
STREET ADORESS				4 3 STREE	1 ADDRESS			
C11Y-S1-ZIP			F'' (10) 727	4.4 CITY-			Pin A.	
TITLE			[]] DELETE	5. 1 TITLE			Chang	ge 🔲 Addition
NAME STREET ADDRESS				5.2 NAME	T ADDOLCO			_ /
CITY-ST-ZIP					T ADDRESS			, au
TIFLE	**************************************		DELETE	5.4 CITY- 6. 1 TITLE			☐ Chair	ae Addition

6.4 CITY - ST - ZIP 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 changed or on an attachment with an address

B.2 NAME

6.3 STREET ADDRESS

SIGNATURE!

NAME

STREET ADDRESS

CiTY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Charles M. Kelsey, Jr.

4/24/96 Date

954-981-8073

Daytime Phone II