CAROM CL sipal Place of B 8-2248 WILTON TON MANORS rincipal Place uite, Apt. #, et	967-9-96 INT # \$87299 IJB, INC. Business DR FL 33305-2132 of Business	B-7065		ATIONS NC		II
CAROM CL sipal Place of B 8-2248 WILTON TON MANORS rincipal Place uite, Apt. #, et	NT # S87299 UB, INC. Business DR FL 33305-2132 of Business	Mailing Address 2246-2248 WILTON DR WILTON MANORS FL				
ipal Place of B \$-2248 WILTON TON MANORS rincipal Place uite, Apt. #, et	OR FL 33305-2132 of Business	2246-2248 WILTON DR WILTON MANORS FL				
5-2248 WILTON TON MANORS rincipal Place wite, Apt. #, et	DR FL 33305-2132 of Business	2246-2248 WILTON DR WILTON MANORS FL			-	NI 81811 91813 91811 81811 71811 81813 1881
rincipal Place	FL 33305-2132 of Business	WILTON MANORS FL				
rincipal Place uite, Apt. #, et	of Business	2a. Mailing Address				
uite, Apt. #, et		-			Date Incorporated or Qualified 10/15/1991	3a. Date of Last Report 04/14/1995
	C.	lac l			4. FEI Number	Applied For
	U.	Suite, Apt #, etc.			65-0292947	Not Applicable \$8.75 Additional
		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
!ip	Country	Zip		ountry	8. This corporation has liability for	r intangible tax under s. 199 032. Yes No
	25 Name and Address of Curren	29 t Registered Agent	30		Florida Statutes 10. Name and Address of New R	
		9		81 Name		
MALONEY, BILL 2246-2248 WILTON DR				82 Street Addr	ess (P.O. Box Number is Not Accepta	ible)
	N MANORS FL		•	83		
				B4 City		85 Zip Code
		····			evalue submits this elatement for the	FL Durose of changing its registered
Pursuant to the office or regin	ne provisions of Sections 607.050 stered agent, or both, in the State	iz and 607.1508, Florida Sta of Florida, Such change wa	acues, the assauthoriza	above-named corporation above-named corporation above	oration submits this statement for the on's board of directors. I hereby acce	pt the appointment as registered
agent Lam to	stered agent, or both, in the state amiliar with, and accept the obligation	ations of, Section 667.0000.	, i jonda et			
	nature Typed or printed name of registered ago	ent and title if applicable ID DIRECTORS	(NOTE Registr	ered Agent signature requir 3.	red when renstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTORS IN 12
£	OFFICERS AN	DELETE		1 101LE		Change Addit-o
	MALONEY, BILL		1	2 NAME		
	2246-2248 WILTON DR			3 STREET ADDRESS		
	WILTON MANORS FL	DELETE		4 CITY - ST - ZIP 1 TITLE		Change Addition
	STD Barandes, Larry			2 NAME		
EET ADDRESS	2246-2248 WILTON DR			3 STREET ADDRESS		
-ST-ZIP	WILTON MANORS FL	T priete		4 CITY - ST - ZIP		Change Additi
E		DELETE		1 TIFLE 2 NAME		ب ب
IE EET ADDRESS				3 STREET ADDRESS		
-ST-ZIP				4 CITY-SI-ZIP		Change Add-ti
E		DELETE	1	1 THILE		CHI OHENNO CHI MOON
AE				2 NAME 13 STREET ADDRESS		
NEET ADDRESS Y+ST-ZIP			4	1 4 CI1Y - ST - ZIP		
1.21-21F	31111	DELET		S 1 TITLE		Change Add.ti
ME				5 2 NAME 5 3 STREET ADDRESS		
REET ADDRESS				5.4 CITY - ST - ZIP		
IY-S1-ZIP		DELET		6 1 TITLE		Change Addit
ME	//	//		6 2 NAME		
REET ADDRESS				6 3 STREET ADDRESS		
IY-ST-ZIP	certify that the information suppli	red with this fring is voluntar	rity furnishe	64 CITY-ST-ZIP ed and does not qu	alify for the exemption stated in Section and accurate and that my signature	on 119 07(3)(k), Florida Statutes I
further cert	ify that the information ridicated c	on this annual report or support or support or the corporation or the	plomental a e receiver	annual report is true or trustee empower	alify for the exemption stated in Secure and accurate and that my signature led to execute this report as required	by Chapter 617, Florida Statules; an
that my nar		OR PRINTED NAME OF SIGNING OF			/) 25-566-368