FILE	NOW:	FILING	FFF	<b>AFTER</b>	MAY 1	1S	\$225	በበ
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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # S90128

(7)

Principa: Place of Business Mailing Address  2206 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020										
						3. Date Incorporated or 10/28/1991	Qualified 3a	. Date of Last F 05/26/1		
	ace of Business	2a. Mailin	g Address		F F 100 1 80 1 80 1 80 1 80 1 80 1 80 1	4. FEI Number 65-0291684		<b>⊢</b> -	Applied For	
26     26     Suite, Apt. #, etc.   Suite. A			Apt. #, etc.		****				Not Applicable  Additional	
22		27	_1			5. Certificate of Status I	Desired	•	Required	
City & State	)	Orty & 28	City & State			<b>6.</b> Election Campaign Frost Fund Contribut	- 11	\$5.00 May Be Added to Fees		
Zip	Country	Zip		Countr	у	8. This corporation has	liability for intang	gible tax under s		
24	25   g. Name and Address of Curre	29		30		Florida Statutes	Yes 🗆		<del> </del>	
	g. Name and Address of Corre	ani negistered i	-gent	8	Name	10. Name and Address	of New Hegis	tered Agent		
KIADH	OLZ, JOSEPH P ESQ									
	IOLLYWOOD BLVD			82	2 Street A	Address (P.O. Box Number is Not Acceptable)				
	WOOD FL 33020			8:	3					
				84	l City			85 Z	ip Code	
•	o the provisions of Sections 607,050			<u>_</u>	<u> </u>			FL   T		
familiar wit	ed agent, or both, in the State of Flo th, and accept the obligations of, Sei Signature, typed or printed name of registered age	ction 607.0505, F	lorida Statutes.	E: Registered Age		squired when reinstaling!		DATE		
12.	PD OFFICERS A	ND DIFFECTORS	DELETE	13.	г	ADDITIONS/CHANGE	S TO OFFICER		···	
NAME	ł		[ ] DETE IE	1. 1 TITLE				Change	Addition	
STREET ADDRESS	BLOOM, JEROLYN 1640 EAST OAK KNOLL CIR.			1.2 NAME						
CITY-ST-ZIP	FT. LAUDERDALE FL 33324			1.4 Cfl Y -	1 ADDRESS					
TITLE	STD		DELETE	2 1 T(TLE				Change	Addition	
NAME	BLOOM, CHARLES	•		2.2 NAME						
STREET ADDRESS	1640 EAST OAK KNOLL C	XR.			T ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 3332	<b>!</b> 4		2.4 CITY-						
TITLE	The state of the s		DELETE.	3. 1 TITLE				☐ Change	Addition	
NAME				3.2 NAME						
STREET ADDRESS				3.3 STRE	ET ADDRESS					
CITY-ST-ZIP	**************************************			34 CHY-	ST-ZIP					
TITLE		1	DELETE	4. 1 TITLE	T			Change	Addition	
NAME				4 2 NAME						
STREET ADDRESS				43 STREE	LADDRESS					
CITY-ST-ZIP				4.4 CHY-			······································			
TITLE			DELETE	5 1 TITLE		-05/08/98 30000	1813	S B Change	Addition	
NAME				5.2 NAME		-05/08/98	5Ō1Ō4Ă·	016	`	
STREET ADDRESS					LADDRESS	***200.00	)	•		
CITY-ST-ZIP			בייי יייי ביי	5.4 CI Y-						
TITLE			DELETE	6 1 THILE				Change	Addition	
NAME OTREET ARROSSOS				6.2 NAME						
STREET ADDRESS					I ADDRESS					
CITY-ST-ZIP	L			64 Cliy-	S1-ZIP					

4. 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** 

4 30 96 Dayting Phone #