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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

S94395 **DOCUMENT** #

(8)

GEORGE R. SCIARRINO, P.A.

APPROVEI AND FILED

95 MAY -1 AM 11: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business		Mailing Address							
1555 PALM BEI	ACH LAKES BLVD #404	1555 PALM BE WEST PALM B	1555 PALM BEACH LAKES BLVD #404 West Palm Beach Fl 33401						
WEST PALM BEACH FL 33401						Date Incorporated or Qualified 11/15/1991	3a. Date of Last Report 05/01/1995		
	(D	2a. Mailing Addre				4. FEI Number		├ ── ├ ──	plied For
Principal Place	e of Business	26				65-0299712			t Applicable
Suite, Apt. #,	atc	Suite, Apt #,	, etc.			5. Certificate of Status Desired		\$8.75 A	
Suite, Apt. 4,	GIO.	27							
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added	•
		28				This corporation has liability for	intano ble i		
Ziρ	Country	Zιρ		ountry		Florida Statutes Yes	No		
	25	29		T		10. Name and Address of New I		Agent	
	9. Name and Address of Curr	eut Hedisteren waen		81	Name				
					0	ress (P.O. Box Number is Not Accepta	ble)		
SCIARRIN	NO, GEORGE R.		8		Street Add	dress (P.O. Box Number is Not Acceptable)			
	LM BEACH LAKES BLVD								
\$404	4144 DEACH EL 22404			84	City			85 Zip	Code
	ALM BEACH FL 33401			1	1 '		F		mintage of the
Dant to	the provisions of Sections 607.0	502 and 607.1508, Flore	da Statutes, the a	above	named corpo	oration submits this statement for the pu and of directors. Thereby accept the ap-	urpose of d cointment :	rnanging its re as registered i	gistered di agent I ari
or registere	ed agent, or both, in the State of F	Ionda Such change was	s authorized by th s Statutes	he corp	poration's too	oration submits this statement for the po- ard of directors. I hereby accept the ap-	po-1,	- 5	
familiar with	ed agent, or both, in the state of the high and accept the obligations of, S	agettori 607.0505, Florida	OWNEROS						
NATURE	Signature, typest or proted name of registered a	agent and liberat apple able	MOTE BOAR	red Ag	of Signal and techni	ed when rendstating	DATE	NES ESIERCETOR	as N 12
`	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FIGENSA	Change	Additi
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I do hereby certify that the information supplied with this hierg is voidinarily luthished and does not quality to the example shall have the same legal effect as if made under 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 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 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 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 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 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 certific 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 certific 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 certific that the information indicated on this annual report or the information indicated on this annual report of the certific that the information indicated on the same legal effect as if made under certific that the information indicated on the information indicated on the information indicated on the information indicated or the information indicated on the information indicated on the i

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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