CORP ANNUA	ROFIT ORATION IL REPORT 996	FLORIDA DEPART Sandra B Secretary DIVISION OF C	Mortham of State		
DOCUMENT # V02567 (8) 1. Corporation Name					
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Principal Place o	Business	Mailing Address) (fåti ålibit åbitå tidat gatta atte	(An Bibli ateli ateli ateli ateli
1017 WHITE D		1017 WHITE DRIVE DELRAY BEACH FL 3348	13		
geom, go.				3. Date Incorporated or Qualified 12/19/1991	3a. Date of Lest Report 09/14/1995
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number 65-0304825	Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to rees
4	25	29	30	Florida Statutes Yes 10. Name and Address of New I	No No
	9. Name and Address of Curren	nt Registered Agent	81 Name	10. Name and Address of New I	legistores Agont
LONG, G	REGORY		82 Street Add	Iress (P.O. Box Number is Not Acceptal	ole)
	ITE DRIVE		83		· · · · · · · · · · · · · · · · · · ·
DELRAY	BEACH FL 33483				
			B4 City		85 Zip Code
					FL
or registere familiar with	the provisions of Sections 607 0502 d agent, or both, in the State of Flori i, and accept the obligations of, Sect	ma. Such channe was addicite	s. the above-named corpo d by the corporation's boo	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of changing its registered office pointment as registered agent. I am
or registere familiar with SIGNATURE	diagent, or both, in the State of Fiori , and accept the obligations of, Sect agrature trood or protect trans of registers; asked	da Such change was authorized from 607,0505, Florida Statutes.	E. Registered Agent signature respon	od włuż recisiany	roose of changing its registered office
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SIGNATURE:

certify that the information indicate of or this annual report or supplemental annual report is true and accurate and that oath; that I am an officer or director of the corporation or the redeiver or trustee empowered to execute this report as appears in Block 12 or Brock 12 if changed, or on an attachment with an address

IGNATURE:

SIGNATURE:

SIGNATURE

SIGN