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**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

111

1. Corporation	NEIN I # VU208 OND & RAYMOND, P.A.	6 (4)					
Principal Place	of Business	Mailing Address				HORE DIBIR O	1011 01011 4 <b>70</b> 1
1200 N. FEDERAL HWY STE 411 BOCA RATON FL 33432 US		1200 N. FEDERAL HWY STE. 411 BOCA RATON FL 33432 US					
				3. Date Incorporated or Qualified 3a. Date of Last Report			
				01/01/1992 4. FEI Number	02/	16/199	
2. Principal Place of Business		2a. Mailing Address		65-0301875			pplied For lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<u>-</u>	Additional
22		27		5. Certificate of Status Desired Fee Rec		equired	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Added to Fi			
Zip	Country	28   Zip	Country	B. This corporation has liability for it.			
4	25	29	30		□No		
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	Registered Ag	gent	
			81 Name				
RAYMOND, JOHN J., JR. 1200 NORTH FEDERAL HWY STE. 411 BOCA RATON FL 33432			82 Street Add	lress (P.O. Box Number is Not Acceptab	ole)		,
			83				
						,	
			<b>84</b> City		FI	85   Zip	Code
or registere familiar wit	o the provisions of Sections 607.050; ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was authori	zed by the corporation's boa	ration submits this statement for the pur and of directors. I hereby accept the app	oinement as re	ging its re egistered	gistered office agent. I am
or registere familiar wit SIGNATURE _	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec Signature, typed or printed name of registered agen OFFICERS AN	ida Such change was authori tion 607,0505, Florida Statute it and title 1 applicable (N ID DIRECTORS	zed by the corporation's bod's.  ਨੀੰਜ਼ Registried Agent sgrature required.  13.	ard of directors. I hereby accept the app	DATE ICERS AND I	ogistered DIRECTOI	RS IN 12
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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:

| SIGNATURE | S

January 16, 1996 (407) 368-2151