## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

VOSERO

	MENT	# <b>V</b> 0568	30	(6)						
1. Corporation		ORPORATION		• •						
INTE	IALOON O	UNFORMION						I IAA II AHAN AANAN AANAN AIKIR AKIRK II	INI BAN BIBN BIBN BIBN	NAME AND
Principal Place of Business Mailing Address								n inder driftet Ediat Ditte Atebt if	)	DIAN BIBIO BIBAI IODI
l				001 NW 12 TERR Ompano Beach F	1 22000					
T OMIT MITO	DENOTITE S	****	rı	UMIFARIO DENON I	L 33009					
								<ol> <li>Date incorporated or Qualified 01/10/1992</li> </ol>	3a. Date of Last   05/01/	
2. Principal Pla	lace of Busines	SS S	2a. Mailing Address					4. FEI Number	1 00/0 1/	Applied For
21	<del></del>		26					65-0507464		Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.					5. Certificate of Status Desired	7	5 Additional	
City & State	e	City & State					6. Election Campaign Financing		Required  May Be	
23			28					Trust Fund Contribution		ed to Fees
Zip	Country		<b>├</b> ¬ ' <b>├</b> ~		untry		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		199.032,	
24 25 29 30  9. Name and Address of Current Registered Agent								Florida Statutes Yes  10. Name and Address of New R		
						81	Name			
7700 CEDARWOOD CIR					82	Street Add	ress (P.O. Box Number is Not Acceptab	e)		
					83			<u> </u>	<del></del>	
BOCA RATON FL 33434						63				
						84	City		FL 85 Z	ip Code
11. Pursuant t	to the provision	ns of Sections £07.0502	and 607.15	08, Florida Statute	s, the ab	ove-r	arned corpo	ration submits this statement for the pur	cose of changing its	registered office
familiar wit	th, and accept	the obligations of, Section	a. Such tha on 607.050	ange was authorize 5, Florida Statutes.	ed by the	corp	Dratiori s Doa	and of directors. I hereby accept the appoint	ointroent as registere	d agent. I am
SIGNATURE .	Signature, Ivoed or	printed name of registered agent a	nd title if equilic	able (NO)	F Boolelere	d Agen	t e coalura ma wa	od when reinstating)	DATE	
12.		OFFICERS AND			13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFI		ORS IN 12
TITLE	PD		DELETE 1.1			. 1 TITLE			☐ Change	☐ Addition
NAME CERCLE ADDRESS	AME RASSIAS, JOHN N. 7700 CEDARWOOD CIR BOCA RATON FL			1.3 \$		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
TITLE	STD			DELETE		TITLE	1-211		☐ Change	Addition
NAME		-RASSIAS, CECILY	221		2.2 NAME					
STREET ADDRESS	DOCA DATOM CI						ADDRESS			
CITY-ST-ZIP TITLE	DUUA	NATUN FL		DELETE		CITY - S'	T-ZIP		[] Channa	[ ] Addition
NAME					8	IAME			☐ Change	☐ Addition
STREET ADDRESS							ADDRESS			
CITY-S1-ZIP	ļ		·			CITY-S	r-ZIP			
TITLE				DELETE		TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS						IAME TREET	ADDRESS .			
CITY ST-ZIP						OTY-SI	i			
TITLE				☐ DELETE	5. 1 1				Change	Addition
NAME					5.2 N					
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP TITLE	<del> </del>			DELETE	5.4 C	ITY-SI	· ZIP		☐ Change	Addition
NAME					6.2 N				[] Grange	☐ MOUNTON
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP										

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:

JOHN N. RASSIAS PRES. & DIRECTOR 4-21-96 (407) 473-6000