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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

	1996	Sec KT VS	DIVISION OF	CORPORA	TIONS			
DOCUI	MENT # V1	0915	(9)					
JAMES	B E. DUSEK, P.A.							
								11
Principal Place	of Business	Mailr	ng Address				HOOT DAN DIDIN BI	
	REWS AVENUE		S. ANDREWS AV	ENUE				
Suite 402 Ft lauderd	ALE FL 33301		ite 402 Lauderdale FL (33301				
				- -		Date Incorporated or Qualifie 01/31/1992		e of Last Report 3/14/1995
	ace of Business	Fre i	lailing Address			4. FEI Number		Applied For
Suite, Apt. a	# etc	26	uite. Apt. #. etc.			NOT APPLICABLE		Not Applicable
]	", etc.	27	uite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State)	1	ty & State			6. Election Campaign Financing		\$5.00 May Be
Zip	Country	28	n	Count	· ·	Trust Fund Contribution		Added to Fees
]	25	29	-	30	- y	8. This corporation has liability florida Statutes	orintangible ti res (2 No	ax under s. 199,032,
	g. Name and Address	of Current Register	ed Agent		II Name	10. Name and Address of New	v Registered	Agent
CHUDE	MARK H.							
320 SE				8	Street Add	ilress (P.O. Box Number is Not Accep	table)	
	DERDALE FL 33316			8	3			
				8	4 City			85 Zip Code
1 Pursuant to	n the provisions of Spotions	003.07.07					FL	1 1
or registers	od bye it, or bost, at the ote	MO OF FRANKS SUBJECT	minute was autinous	16-1 DV 1110: CC1	.T 9-hamed corpo rporation's boa	oration submits this statement for the and of directors. Thereby accept the a		anging its registered office registered agent. Lam
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14. I do hereby certify that the information supplied with this taing is voluntarily famished and does not qualify for the exemption stated in Section 119.07(3)(k). Froida Statutes I further certify that the information indicated on this annual report or suppliencental 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 appress.

SIGNATURE:

GINTHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. DUSEK

· (954)763-1303