CORPOI ANNUAL	PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # V11624			(6)							
	KONTRACT	ORS, INC.								
Principal Place of Business Mailing Address										
1701 E. ATLAN			1701 E. ATLANTIC BLVD.							
POMPANO BEACH, FLL 33060			POMPANO BEACH, FLL 33060			Date incorporated or Qualified 02/15/1992		a. Date of Last Report 06/20/1995		
			a. Mailing Address				4. FEI Number	-		ied For Applicable
2. Principal Place	of Business	26	7				65-0312325		\$8.75 Ad	
Suite, Apt. #, e	etC.		Suite, Apt #, etc.				5. Certificate of Status Desired		Fee Req	
City & State		27	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 M Added to	Fees
23		28	<u>Zip</u>	Τ	Country		8. This corporation has liability for	intangible	tax under s 199	3.032,
Zip Country			29 30				Fiorida Statutes XX Ye 10. Name and Address of New	s No	i Apent	
24	g Name and A	ddress of Current Re			81	Name	10. Name and Address of New	riegiotote		
POMPAN	E. 4TH STREET NO BEACH FL	33062	637,1508, Florida Statu	tes, the	84 above	City	vation submits this statement for the pard of directors. Thereby accept the ap	nurpose of o	to a single to sooi	istored office
11. Pursuant to or registered familiar with,	the provisions of diagent, or both, and accept the	n the State of Florida. Sobligations of Section 6	607.0505, Florida Statute	:S				DATE		
SIGNATURE	grature, typed or porte	than e of registers Later Lab 11		CIL BOS	13.	et signature angle	ADDITIONS/CHANGES TO C	FFICERS A	ND DIRECTORS	3 IN 12
12.		OFFICERS AND D	T] DELETE		1 1 TiTLE				Crange	Addition
TITLE	DPT	, THOMAS H., JR		1	1.2 NAME					
NAME STREET ADDRESS	3320 S.E.	ATH STREET		ŀ		1 ADDRESS				
CITY-S1-ZIP	POMPANO	BEACH FL	☐ DELETE		14 CITY 2 1 Tall E				Change	☐ Add₁tion
TIFLE	V	10 H 24HOLLT		ı	2 2 NAME	ŀ				
NAME	DIGIOHGIC), Thomas H., Sr 28th Court		1		ET ADDRESS				
STREET ADDRESS CITY - S1 - ZIP	LIGHTHOL	ISE POINT FL			2 4 CHY				Change	Addition
TITLE	DS		☐ DELETE		3 1 TITU 3 2 NAM	1				
NAME	DOUGHER	RTY, EDWARD C.A.		Ì		FET ADDRESS				
STREET ADDRESS	P.O. BOX	1717 N/A DBEACH FL			34 CiTY	1			☐ Change	ncitibbA [
CITY-S1 - 71P TITLE	PUMPANI	/ DLAOIIIL	☐ DELETE		4 1 Tiff	1			C Outride	
NAME					4.2 NAM					
STREET ADDRESS					L	FET ADDRESS				
CITY - S1 - ZIP			DELETE		5 1 111				☐ Change	Addit.or
TITLE			-		5 2 NAM	AE.				
1										
NAME STREET ADDRESS						EFT ADDRESS				
NAME STREET ADDRESS CITY-SI-ZIP			☐ DELETE			Y - ST - ZIP			☐ Change	☐ Addit.o

64CiTy-51-79

As voluntarily furnished and does not quarry for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name imment with an address. CITY - ST - ZIP 14. I do hereby certify that the information indigentally that the information indigental that the information indigental that I am an officer or discontinuous in Block 12 or Block 13 THOMAS H. DIGIORGIO, JR. (954) 941-3329

6.2 NAME

SIGNATURE:

TITLE

NAME STREET ADDRESS

CP

CR2E034 (12/95)