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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

V12542

	MENT # on Name EISCHMAN, I	_	643	(6)				<u> </u>		
Principal Place	e of Rusiness		Mailing	Aridrage					II BABA PIRA	
Principal Place of Business 11960 NW 31ST PL SUNRISE FL 33323			11960	Mailing Address 11960 NW 31ST PL SUNRISE FL 33323						
							3. Date Incorporated or Qualif 02/10/1992	4	e of Last R 4/14/19	
2. Principal Pl	2. Principal Place of Business			2a, Mailing Address			4. FEI Number 65-0314422		⊢ +	Applied For Not Applicable
Suite, Apt. #, etc.			·	Suite, Apt. #, etc. 27 City & State 28					\$8.75 Additional	
City & State									Fee	Required
City & State			<u></u> ⊢¬, ′				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24	25	Country	Zip 29		Country 30		B. This corporation has liability	or intangible to		
	g. Name and	Address of Cu	rrent Registere	d Agent			10. Name and Address of Ne	<u> </u>	Agent	
					81	Name				
FLEISCHMAN, SY				82 Street Ad		Street Add	Iress (P.O. Box Number is Not Acce	ptable)		
11960 NW 31ST PL SUNRISE FL 33323					83					
001111101	C 1 E 000E0									
					84	City		FL		p Code
or register	to the provisions of red agent, or both ith, and accept the	of Sections 607.0 , in the State of	0502 and 607,150 Florida. Such cha	08, Florida Statu nge was authori	tes, the above-r	named corpo	ration submits this statement for the	purpose of cha	anging its r	egistered office
	in, and accept the	a obilgations of	Section 607.0505	, Florida Statute	s.	oration's boa	ration submits this statement for the ard of directors. I hereby accept the	арропинен во		- aga , a
SIGNATURE	Signature, typed or print	ted name of regit tered	agent and title if applica	bie. (N	S. OTE: Registered Agen	oration s boa		DATE		
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SIGNATURE . 12.	Signature, typed or print	ted name of regit teres OFFICERS	agent and title if applica	bie. (N	OTE: Registered Agen 13. 1.1 TITLE	oration s boa	od when reinstating:	DATE OFFICERS AND		
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