PROFIT CORPORATION ANNUAL REPORT  1996		FLORIDA DEPARI Sandra B Secretary	FTER MAY 1 IS \$225.00  FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # V27002 (7)						
	WATERS, P.A.				1 HAND 2010 HAND 1880 STUD STUD 1880 D	
Principa Place of Business Mailing Address  7831 NW 41 CT 7931 NW 41 CT SUNRISE FL 33351 SUNRISE FL 33351						
					<ol> <li>Date Incorporated or Qualified 04/06/1992</li> </ol>	3a. Date of Last Report 05/11/1995
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number 65-0433415	Applied For Not Applicable
21		Suite, Apt. #, etc.				\$8.75 Additional
Suite, Apt. #,	etc.	27	<b>→</b>		5. Certificate of Status Desired	Fee Required
City & State		City & State	·· — ,		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		Zip	Zip Country		8. This corporation has liability for it	ntangible tax under s. 199.032,
24 25 29 9, Name and Address of Current Regist			30		Florida Statutes LJ Yes LJ No  10. Name and Address of New Registered Agent	
	9, Name and Address of Cu	rrent Registered Agent	81	Nanie		
WATERS,	VIRGINIA		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)
7931 NW	41 CT		83			
., SUNRISE	FL 33351		84	Cata		85 Zipi Code
•			1 1	City		FL   i
17. Pursuant to or registere familiar with	o the provisions of Sections 607.1 ad agent, or both, in the State of a, and accept the obligations of,	0502 and 607,1508, Florida Statule Florida: Such change was authorize Section 607,0505, Florida Statutes.	es, the above-ned by the corpo	amed corpo oration's bot	oration submits this statement for the pul and of directors. I hereby accept the app	pose of changing its registered of soci pintment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered	apiniasitore (agaleada): (NO	Tr. Flegistered Agent	signa' ne requi	ed when reins strig!	DATE
12. OFFICERS A		S AND DIRECTORS	CTORS 13.		ADDITIONS/CHANGES TO OFF	Change Addition
TITLE P NAME WATERS, VIRGINIA		☐ DELETE	1 1 TITLE 12 NAME			
STREET ADDRESS 7931 NW 41 CT			13 STREET	ADDRESS		
CITY-ST-ZIP	SUNRISE FL		1.4.C(TY - ST - Z)P			Change Addition
TITLE			2 1 TITLE 2 2 NAME			
NAME			2 3 STREET	ADDRESS		
STREET ADDRESS			24 CITY - S	ļ		The state of the s
CITY-S'-ZIP	DELETE		3 1 TITLE		•	☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS 3.4 CITY+S1-7IP			
CITY - ST - ZIP	☐ DELETE		4 1 Tillet	1		Change Addition
TITLE NAME	LF		4.2 NAME			
STREET ADDRESS			4.3 \$TREE	ADDRESS		
CITY-ST-ZIP		PO DELETE	4.4 Cily - 5	ST-ZIP	227	Change Addition
TITLE		☐ DEFELE	5 1 THLE 5 2 NAME		8000017 -04/24/9601 ***200.00	92138
NAME CARGET ADSPECT				T ADURESS	-04/24/9601	017035
STREET ADDRESS			5.4 CiTY -	i i	***200.00	
TITLE		☐ DELETE	6 1 HTLE			14/200

63 SIRET ADDRESS
64 CITY- 51-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further 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 path; that I am an officer or director of the corporation or the receiver or trusted 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:

SIGNATURE:

SIGNATURE PO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cute

Day the Place P

954-741-0871

CR2E034 (12/95)