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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # V28649

1. Corporation Name

(4)

ROITAROGR

SIGNATURE:

	CORPURATION							
Principal Place o	of Business	Mailing Address			1 10017 011010 1100- 10110 01110			
2117 NW 19TH		P.O. BOX 810848						
BOCA RATON FL 33431 US			BOCA RATON FL 33481 US			i lee bee	-( Last Da	
		00			3. Date Incorporated or Qualified	· 1	of Last Re /27/199	•
					04/10/1992 4. FEI Number			pplied For
2. Principal Plac	ce of Business	2a. Mailing Address			65-0333042			lot Applicable
1		26 Suite, Apt. #, etc.						Additional
Suite, Apt. #	, etc	27			5. Certificate of Status Desired			Required
City & State		City & State	<del></del>		6. Election Campaign Financing		\$5.00	May Be
3		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability f	or intangible ta	x under s	199.032,
4	25	29	30		1101100 01010100	∕es ☑No	Land	
	9. Name and Address of Cur	rent Registered Agent		31 Name	10. Name and Address of Nev	v Hegistered /	- Garit	
OHREN,			Ī	32 Street Acl	dress (P.O. Box Number is Not Accep	table)		
	V. 19TH WAY		<b> </b>	33				
BOCA RA	ATON FL 33431		- [	55				
			Ī	B4 City		FL	85 Zıp	Code
or registers	o the provisions of Sections 607.5 ed agent, or both, in the State of F h, and accept the obligations of, S	iorida. Such coanoe was authoriz	THAT DY LINE CO	orporation's bo	oration submits this statement for the pard of directors. I hereby accept the a	ippointment as	registered	agent. I am
SIGNATURE	Signative, typed or printed name of registered a	ogent and title if applicable (No	OTE: Registered A	Agent signature requ	ired when reinstaling)	DATE	SIDEOTO	
SIGNATURE		AND DIRECTORS	13.		ired when reinstaling) ADDITIONS/CHANGES TO C	OFFICERS AND		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR