									Į	V A AMATA	1/T 7 C	·+ •	'toto
DOCUMENT # V30421 (4)								Secretary of State					
VAUG	HN FRAZIER	, INC.											
Principal Place of Business Malling Address										r badır disəble kinil dölür bibin zil		TOBOL MEDICA	hinki didili sinti ladi
851 NORTHEAST 32ND STREET POMPANO BEACH FL 33064				851 NORTHEAST 32ND STREET POMPANO BEACH FL 33084									
										Date Incorporated or Qualified 04/22/1992		e of Last 06/19/	
·				Mailing Address					4.	FEI Number			Applied For
21 26									L.	65-0327309			Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5.	Certificate of Status Desired		*	5 Additional Required
City & State				City & State						Election Campaign Financing Trust Fund Contribution			00 May Be sed to Fees
Zip	· · · — · ·						Country			This corporation has liability for		ex under	s 199.032,
24 25				29 30			0			•	□ No		
	9. Name and	Address of Current	Regio	stered Agent		81	*****		10.	Name and Address of New R	egistered	Agent	
						81	Name			•			
FRAZIER, VAUGHN						82	Street	Addres	s (P.	O. Box Number Is Not Acceptab	le)		
851 NORTHEAST 32ND STREET													·····
POMPA	vno beach fl	. 33064				83							
						84	City		:		FL	. T	Zip Code
11. Pursuant to or registere familiar with	o the provisions o ed egent, or both, h, and accept the	f Sections 607.0502 a In the State of Florida obligations of, Section	and 60 a. Suci n 607	07.1508, Florida Statute h change was authorize .0505, Florida Statutes.	s, the ab ed by the	ove-n	amed co bration's	orporati board	ion su of dir	bmits this statement for the pur ectors, I hereby accept the app	pose of ch ointment as	anging its registere	registered office ad agent. I am
SIGNATURE _													
Signature, typed or printed name of registered agent and title							l signatura r	required w	ured when reinstelling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.	D	OFFICERS AND	DIREC	DELETE	13.					ADDITIONS/CHANGES TO OFF		DIRECT Change	
TITLE	FRAZIER, VAUGHN			Decen		1. 1 TITLE					,	Unange	, Monton
NAME							1.2 NAME 1.3 STREET ADDRESS						
STREET ADDRESS	DOMBANO OFFICIAL												
CITY-ST-ZIP TITLE	101117410	DENOTITE		DELETE		XTY-S	I - ZIP					Change	B Addition
-				Dottert							'	clialingo	, C vocation
NAME						NAME		ļ					
STREET ADDRESS							ADDRESS	ł	ě	7000017:	30E	77	
CITY-ST-ZIP TITLE				DELETE		CITY-S	1-ZIP			7000017: 03/04/96010	152 0	Ti Fhance	e
NAME				Doctor	DELETE 3.1 TITLE				ļ	***200.00	4	- Animaliya	
					.				R				
STREET ADDRESS					3.3. STREET ADDRESS								
CITY-ST-ZIP TITLE				3.4 CIT			TY-ST-ZIP					Change	e Addition
NAME				La Decere		MAME		1			l		, LJ AUGHUN
					1		ADDDESS.						
STREET ADDRESS	1				4.33	INEE	ADDRESS	1					

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 City-St-Zip

5. 1 TITLE

5.2 NAME

6. 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-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 suppliamental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the certify action 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 changes.

DELETE

DELETE

OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION

ANNUAL REPORT

1996

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP TITLE

TITLE

NAME

NAME

PPE034 (12/95)

Daysime Phone

☐ Change

Addition

FILED

Mar 04 1996 8:00am