1	PRPORATION JUAL REPORT 1996	FLORIDA S	1 18 \$225.00 A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DN OF CORPORATIONS		
1. Corporation	JMENT # V3 on Name ERVART, INC.	38621 (1))		
Principal Plac 8177 W GLAI BOCA RATOR		Mailing Address 5555 TOWN CENT STE 801 BOCA PATON FL	294 -RD. 33486	3. Date Incorporated or Qualified	IN THIS SPACE 3a. Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address		05/22/1992 4. FEI Number	Applied For
Suite, Apt.	#, etc.	26 8/77 W Suite, Apt. #, e	GLADET RO.	65-0347530	Not Applicable
22 City & Stat	1	27 -54	11TE 16	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & Stat	.e	City & State 28 BOCA	RATON, FL 33434	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip 24	Country 25	Zip	Country	8. This corporation has liability for i	Added to Fees ntangible tax under S. 199.032,
		29 Ss of Current Registered Agent	30	Florida Statutes Yes 10. Name and Address of New R	[_] No
221 8414 8			81 Name	Tay traditio dita Francisco di Herrita	egistered Agent
	RTZ, ANITA Glades RD #15		82 Street Addi	ress (P.O. Box Number is Not Acceptabl	e)
	ATON FL 33434		83		
•			1 1		
			84 City		OF 7m Code
11. Pursuant	to the provisions of Section	ns 607.0502 and 607.1508. Florida S	Yot Anna di La		FL 85 Zip Code
11. Pursuant or register familiar wi	to the provisions of Section red agent, or both, in the S th, and accept the obligation	ns 607.0502 and 607.1508, Florida S State of Florida. Such change was aut ions of, Section 607.0505, Florida Sta	statutes, the above named corpor	ration submits this statement for the purp rd of directors. Thereby accept the appo	<u> </u>
11. Pursuant or register familiar wi SIGNATURE	ith, and accept the obligation	ions of, Section 607.0505, Florida Sta	statutes, the above named corpor thorized by the corporation's boa dutes.	nd or oneclosis. Thereby accept the appo	<u> </u>
familiar wi	ith, and accept the obligation of Signature typed or printed name of	ns 607.0502 and 607.1508, Florida S State of Florida. Such change was aut ions of, Section 607.0505, Florida Sta regerated agent and trile if applicable FICERS AND DIRECTORS	statutes, the above named corpor	d when reject drug)	nose of changing its registered office intruent as registered agent. I am
signature 12.	Signature: typed or printed name of OF	ions of, Section 607.0505, Florida Sta registered agent and title if applicable	Statutes, the above named corpor thorized by the corporation's boa stutes. INOTE: Bugistered Agent Standure Gauss	nd or oneclosis. Thereby accept the appo	nose of changing its registered office intruent as registered agent. I am
SIGNATURE 12. TITLE NAME	Signature typed or printed name of OF D SCHWARTZ, ANITA	ions of, Section 607.0505, Florida Sta registered agent and title if applicable	Statutes, the above named corporation's boal statutes. (NOTE: Registered Agent signature moure) 13. 1 1 TILE. 12 NAME	ADDITIONS/CHANGES TO OFFIC	DATE Change * Addition
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SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-SI-ZIP	Signature typed or printed name of OF D SCHWARTZ, ANITA PO BOX 36 N/A	ions of, Section 607.0505, Florida Sta registered agent and title if applicable	Statutes, the above named corporation's boal statutes. (NOTE: Registered Agent signature moure) 13. 1 1 TILE. 12 NAME	ADDITIONS/CHANGES TO OFFIC	DATE Change * Addition
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oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND WEED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Output And Accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Output And April 1 and April 1 and April 2 and Apri