## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # V40327

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2. Principal Place of Business   2a. Mailing Address   3. See Place   3. See Pl	Principal Place 7257 NW 4TH GAINESVILLE I	BLVD										
22   March 2015   Selection Control   Select	03		US				1 '			,	t	
Sure. Apr # etc.    Sure. Apr # etc.   Sure. Apr #	2. Principa: Pla	ace of Business	2a. Mailing Address		******			03/2	:0/ 18		d For	
Suite, April etc.    Suite   S	1 26						65-0333966			Not Applicable		
City & State  Ci	Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 Additional				
Added to Fee Zin Country 249 Country 6. This corporation but shalling for integrate to a under is 199 Country 79 Elocate Stabutes 5 Ves 70 No. Name and Address of Current Registered Agent 79 Name and Address of New Registered Agent 79 Name and Registered Agent 79 Name and Address of New Registered Agent 79 Name and Address of New Registered Agent 79 Name and Address of New Registered Agent 79 Name and Registered Agent 79 Name an	City & State City & State						6. Election Campaign Financing	\$5.00 May Be				
9. Name and Address of Current Registered Agent  2EIM, ROBERT 4881 N.W. 7TH DRIVE SURFELL  PLANTATION FL 33317  80  61  62  63  64  64  65  65  66  67  68  68  68  68  68  68  68  68							**************************************		Add	ded to Fe	es	
TEIM, ROBERT 481 NW. 7TH DRIVE  SPESSORS  PLANTATION FL 33317  80   Name and Address of New Registered Agent  81   Name 82   Street Address (F.O. Box Number is Not Acceptable)  83   City   FL   85   Zip Code  84   City   FL   85   Zip Code  85   City   FL   85   Zip Code  86   City   FL   85   Zip Code  87   City   FL   85   Zip Code  88   City   FL   85   Zip Code  89   City   FL   85   Zip Code  80   City   FL   85   Zip Code  80   City   FL   85   Zip Code  81   City   FL   85   Zip Code  81   City   FL   85   Zip Code  82   City   FL   85   Zip Code  83   City   FL   85   Zip Code  84   City   FL   85   Zip Code  85   City   FL   85   Zip Code  86   City   FL   85   Zip Code  87   City State  88   City   FL   85   Zip Code  89   City   FL   85   Zip Code  89   City   FL   85   Zip Code  80   City   FL   85   Zip Co		<u>├</u> ı	} <del></del>		ntry					ers 199	032	
ZEM, ROBERT 481 NW. TH DRIVE  SOFTE SP  PANTATION FL 33317  B4 City  FL 85 Zip Code office or registered against or both, in the State of Rectal Statutes, the anove named corporation submits this statement for the program of changing its regist office or registered against or both, in the State of Rectal State State or Registered by the corporation's heard of directors. I hereby accept the diagnost of State State of State State of State Sta								<u> </u>	jent			
### ### ### ### #### #################	<b>7</b> FII	M. ROBERT			81	Name						
PLANTATION FL 33317    64   City				ŀ	82	Street Addre	t Address (P.O. Box Number is Not Acceptable)					
STATE   ADDITIONS   Change	SUMED				83		The state of the s					
II. Pursuant to the precisions of Sections BU7.05.02 and B07.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida. Statutes, the above named corporation's broard of directors. I hereby accept the appointment as register agent and accept the obligation of Section Product Statutes.  SIGNATURE  OF Incers AND DIRECTORS  II. Thirt  D  CFECTS AND DIRECTORS II. Thirt  III. Thi	PLANTATION FL 33317				0.4	Control of the Contro						
office or registered agent, or hoth, in that State of Florida, Buch change was authorized by the corporation's board of directors. I horsely accept the appointment as register agent to make a secret the orbitigation. See Septer 607 5051-5, Florida Statutes.  SIGNATURE  2. OF ILEES AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  INTEL  2. OF ILEES AND DIRECTORS  12. Intit  2. OF ILEES AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  INTITION AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  INTITION AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  INTITION AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  INTITION AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  INTITION AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  INTITION AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  INTITION AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  INTITION AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  INTITION AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  INTITION AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  INTITION AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  INTITION AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  INTITION AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  INTITION AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  INTITION AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  INTITION AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  INTITION AND ADDITIONAL ADDITION AND ADDITIONAL ADDITIO					54	City	FL 85					
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4. Ldo hereby certify that the information supplied with this filling is valuntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes	Į.											
made under 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 617, Florida Statuter that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address	4. I do hereb further cer made und	rlify that the information indicated der oath, that I am an officer or dire	on this annual report or supplemeter of the corporation or the rec	urnished a lental annu ceiver or tri	ind de ual re ustee	oes not quaid port is true ar e empowered	nd accurate and that my signature shall	I have the	same l	egal effec	ct as if	