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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # V43814

(5)

Mailing Address
701 NE 2 STREET POMPANO BEACH FL 33060

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701 NE 2 STREET POMPANO BEACH FL 33060			701 NE 2 STREET POMPANO BEACH FL 33060			
					3. Date Incorporated or Qualified 06/15/1992	3a. Date of Last Report 01/20/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	Applied For
21 1403	5.W. 10th AVE	26			65-0343463	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
	DAMO BCH, FL	Oity & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 2 2 N/a	Country A	<i>Z</i> ip	Countr	у	8. This corporation has liability for i	
24 3306	9. Name and Address of Curre	nt Registered Agent	30]		Florida Statutes Yes 10. Name and Address of New R	No
	g, Italie and Address of Curre	in registered Agent	8	Name	10, Italijo aliu Addiesa di Itali	egistored Agent
MIRD	IY, KELLY			1		
	E. 2 STREET		83	Street Addr	ress (P.O. Box Number is Not Acceptab	·le)
	UNO BEACH FL 33060		83)		
1			84	L Cou		85 Zip Code
	•			1 '		FL
SIGNATURE _	Signaturo typed on printed happe of registerent agen	il any tied all patrice	utes, the above rized by the cor es. NOTE Faymteral Ag		ration submits this statement for the pur and of directors. Thereby accept the appoint at whether statings	pose of changing its legistered offici ointment as registered agent. Fam.
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
11TLE	D	☐ DEc.ETE	1 1 TH LE			Change Addition
NAME	DEFRIEST, ROBERT E		1.2 NAME			
STREET ADDRESS	701 NE 2 STREET POMPANO BEACH FL			T ADDRESS		
CITY-ST-ZIP TITLE	D DENOTITE	DELETE	1.4 CITY - 2.1 TITLE			Change Addition
NAME	MURPHY, KELLY		2.2 NAME			
STREET ADDRESS	701 N.E. 2 STREET			T ADDRESS		
CITY - ST - ZIP	POMPANO BEACH FL 330	160	2 4 CITY			
TITLE		☐ DELETE	3 1 TIFLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 \$TRE	ET ADDRESS		
CITY-ST-ZIP		DELETE	3 4 C(1)			Change Addition
TITLE		☐ DEFEIE	4 1 1111.9			Citalige Addition
NAME STREET ADDRESS			4.2 NAME	L ADDRESS		
CITY-ST-ZIP			4.5 Silter			
THLE		DELETE	5 1 1/1/1			Change Addition
NAME			5 2 NAME			
STREET ADDRESS			5 3 STRE	F ADDRESS		
CITY-ST-ZIP	·····		5.4 CITY			
TITLE		☐ DELETE	6 1 THE	į.		Change Addition
NAME			6.2 NAME	ľ		
STREET ADORESS				T ADDRESS		
C-TY-ST-74P			6.4 C TY	ST-ZIF	A 100 0000 0000 00000000000000000000000	

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 forther certify that the information indicated on this annual report or supplienental annual report is true and account and that my signature shall have the sinne legal effect as if 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 607, Florida Statutes, and that my name appears in Block 12 or Block 3 tichanged, or or an attachment with an address

SIGNATURE:

THE THE SHAPE OF PRINTED NAME OF SQUING OFFICER OR DIRECTOR

1/31/96

305-781-5335