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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCU	MENT #	V4547

(5)

1. Corporation Name

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite
Principal Place of Business 316 W 13TH AVENUE POMPANO BEACH FL 33069 3. Date Incorporated or Qualified 3a. Date of Last Report 06/26/1992 01/13/1995 01/13/199
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 3. Date incorporated or Qualified 06/26/1992 3. Date incorporated or Qualified 01/13/1995 4. FEI Number 65-0349/121 22
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 3. Principal Place of Status Desired Status Desired Status Desired of Status Desired Status De
21 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite, Apt. #, etc. Suite, Apt. #, etc.
28
Zip Country Zip Country Zip Country Zip Country Zip Country B. This corporation has liability for intangible tax under s 199.032, Florida Statutes
ROSS, GREG 400 SE 8TH STREET FT. LAUDERDALE FL 33316 81 Name 82 Street Address (P.O. Box Numbor is Not Acceptable) 83 PL City FL B5 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am significant with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE Signature, hipsed or prived name of registered agent and title if applicable. PD D DELETE 1.1TITLE NAME RICHMAN, ROD 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1TITLE NAME RICHMAN, ROD 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. TITLE
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SIGNATURE Signature, typed or printed name of registered agent and little if applicable. [NOTE Registered Agent signature recurred when relistating.] DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME RICHMAN, ROD 12. NAME STREET ADDRESS CITY-ST-ZIP NIMAMI BEACH FL 13. STREET ADDRESS 14. CITY-ST-ZIP 14. CITY-ST-ZIP 14. CITY-ST-ZIP 14. CITY-ST-ZIP 15. OFFICERS AND DIRECTORS IN 12 17. TITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Change Addition 10. Addition 11. STREET ADDRESS 12. STREET ADDRESS 13. STREET ADDRESS 14. CITY-ST-ZIP 14. CITY-ST-ZIP 14. CITY-ST-ZIP 14. CITY-ST-ZIP 15. Change Addition 16. Change Addition 17. Change Addition 18. COMMINISTREET ADDRESS 18. COMMINISTREET ADDRESS 19. Change Addition
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. INOTE Registered Agent signature recoursed when reliestating: DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE NAME RICHMAN, ROD 1.2 NAME STREET ADDRESS CITY-ST-ZIP NIMAMI BEACH PL 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP RICHMAN BEACH PL 1.5 TITLE Change Addition Addition Change Addition Addition
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 10.4 Developed the information supplied with this filling 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 supplemental annual report is true and accurate and that my signature shall have the same 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 13 if changed or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OFFRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROD RICHMON 3/14/46 954-785-7270

Date Dayloric Prove 8