FILE NOW: FILING FEE AFTER MAY 1 IS \$22 .00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT C STATE Sandra B. Morthan Secretary of State DIVISION OF CORPORA IONS

1996

SIGNATURE:

DOCUMENT #

1. Corporation Name V51479

(6)

Principal Place of Bu 7000 W. PALMETTO #502 BOCA RATON FL 3 US 2. Principal Place of 11 Suite, Apt. #, etc) PARK (3433	#502 BOCA RATON FL 3343	ARK				FOR OFFICE DIVI	BUDU DEBEI I	DIQII QIQII HQQ1
#502 BOCA RATON FL 3 US 2. Principal Place of 11 Suite, Apt. #, etc	3433	#502 BOCA RATON FL 3343	ARK						
2. Principal Place of 11 Suite, Apt. #, etc.	Business	211	7000 W. PALMETTO PARK #502 BOCA RATON FL 33433				·		
Suite, Apt. #, etc	Business	US				3. Date incorporated or Qualified 07/16/1992 3a. Date of Last Report 04/25/1995			
₁		2a, Mailing Address 26				4. FEI Number 65-0344042		—	Applied For Not Applicable
2		Suite, Apt. #, etc.	¬ '''			5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		City & State				Election Campaign Financing Trust Fund Contribution			O May Be
Zip	Country	Zip		untry	,	8. This corporation has liability for i	ntangible tax		
4	25 Name and Address of Current	29 Registered Agent	30	Γ.	 	Florida Statutes Yes 10. Name and Address of New R	_=	aent	
8.	Maine and Address of Current	negistered Agent		81	Name	IO. Hame and Address of New 17	ogisto.ca A	gont	
KING, CASEY	,			82	<u> </u>				
7545 NW 751					Street Addre	ss (P.O. Box Number is Not Acceptable)			
PARKLAND F				83					<u>,, </u>
17411104101	L 00007			-				[aa [a	. 0. 1.
				84	City		FL	85 Zig	o Code
or registered ag	provisions of Sections 607.0502 a ent, or both, in the State of Florida d accept the obligations of, Section	i. Such change was authoria	zed by the	ove-r corp	named corpora oration's board	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of char pintment as r	nging its r registered	egistered office lagent. I am
SIGNATURE									
Signatu 12.	re, typied or printed name of registered agent an OFFICERS AND		OTE: Registered	d Ager	nt signature required	when reinsteting: ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTO	RS IN 12
TITLE PI		DELETE	1.11	TITLE		ADDITIONS CHANGES TO COTT		Change	Addition
* -	NG, TERRY LYNN	_	1.2 N				_		_
I	45 NW 75TH DRIVE		1.3 S	TREET	T ADDRESS				
I	ARKLAND FL		1.4 0	ITY-S	ST-ZIP				
TITLE VS		DELETE	2.1	TITLE] Change	■ Addition
NAME G	reenstein, Sherry		22 N	IAME	+				
STREET ADDRESS 21	394 SWEETWATER LANE N		23 S	TREET	ADDRESS				
CITY-ST-ZIP BO	OCA RATON FL		240	ITY-S	31 - ZIP				
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NAME			32 N	IAME					
STREET ADDRESS					T ADDRESS				
CITY - ST - 7IP		C) DECETE			S1 - ZIP) Change	Addition
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STREET ADDRESS					T ADDRESS				
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CITY-ST-ZIP					ST - ZIP				
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CITY-ST-ZIP			6.4 0	OTY-9	ST-ZIP				
14. I do hereby cert	ify that the information supplied wi	ith this filing is voluntarily fur	nished and	doe	es not qualify fo	or the exemption stated in Section 119, e and that my signature shall have the	07(3)(k), Flor	ida Statut	tes. I further

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR