PROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

|  | 1996   | 18.30                                 | DIVISION OF                            | CORPORATION               | SNC               |  |                               |                                 |  |
|--|--|---------------------------------------|--|---------------------------|-------------------|--|-------------------------------|---------------------------------|--|
| DOCUM<br>1. Corporation                    | MENT # V5776   | 64                                    | (5)                                    |                           |                   |  |                               |                                 |  |
|  | AMENTARY LAW INSTITUT  | F. INC.                               |  |                           |                   |  |                               |                                 |  |
|  |  | <b>L</b> , 1110.                      |  |                           |                   | 1 1001 1011 1011 1011 1011 1011 1011 1   | ANNI PIZI BIRIN BIRIK BA      | ān diām ētam eram iedi          |  |
|  |  |                                       |  |                           |                   |  |                               |                                 |  |
| Principal Place                            |  | Mailing Address                       |  |                           |                   |  |                               | *** **** ***** ***** *****      |  |
| 12821 SW 13TH MANOR<br>DAVIE FL 33325      |  | 12821 SW 13TH MANOR<br>DAVIE FL 33325 |  |                           |                   |  |                               |                                 |  |
|  |  |                                       |  | <del></del>               |                   | 3. Date Incorporated or Qualifier 06/05/1992   |                               | ast Report<br>1/1995            |  |
| 2. Principal Pla                           | ace of Business  | 2a. Ma<br>26                          | iling Address                          |                           |                   | 4. FEI Number<br>65-0416166  | -                             | Applied For                     |  |
| Suite, Apt. #                              | #, etc.  |                                       | te, Apt. #, etc.                       |                           |                   |  |                               | Not Applicable  8.75 Additional |  |
| 2  |  | 27                                    |  | <u>-</u>                  |                   | 5. Certificate of Status Desired   |                               | Fee Required                    |  |
| City & State                               | 1  |                                       | y & State                              |                           |                   | 6. Election Campaign Financing   | [7]                           | \$5.00 May Be                   |  |
| Zip  | Country  | 28 Zip                                |  | Country                   |                   | Trust Fund Contribution  |                               | Added to Fees                   |  |
| 14   | 25   | 29                                    |  | 30                        |                   | 8. This corporation has liability for Florida Statutes ☐ Y                             | orintangible taxun<br>kes ∏No | der s 199.032,                  |  |
|  | g. Name and Address of Curre   | nt Registere                          | d Agent                                | .1 1                      |                   | 10. Name and Address of New  | Registered Age                | nt                              |  |
|  |  |                                       |  | 81                        | Name              |  |                               |                                 |  |
| PROCTOR, BARBARA                           |  |                                       |  |                           | Street Ac         | eet Address (P.O. Box Number is Not Acceptable)  |                               |                                 |  |
| 12821 SW 13TH MANOR<br>DAVIE FL 16994-4528 |  |                                       |  | 83                        | 02                |  |                               |                                 |  |
| DMAKE L                                    | L 10894-4020   |                                       |  | 63                        |                   |  |                               |                                 |  |
|  |  |                                       |  | 84                        | City              |  | FL 8                          | 5 Zip Code                      |  |
| 11. Pursuant to                            | o the provisions of Sections 607.050   | 2 and 607.15                          | 08, Florida Statute                    | es, the above-r           | named cord        | poration submits this statement for the p  | vironce of obonoin            | a its registered office         |  |
| or registere                               | ed agent, or both, in the State of Flor<br>h, and accept the obligations of, Sec | nda Suchicha                          | inge was authoriz                      | ed by the corp            | oration's bo      | pard of directors. I hereby accept the ap  | pointment as regi-            | stered agent. I am              |  |
| SIGNATURE                                  |  |                                       |  |                           |                   |  |                               |                                 |  |
|  | Signature, typed or printed name of registered agen                              |                                       |  |                           | it signature requ | ured when reinstating)   | DATE                          |                                 |  |
| 12.  | OFFICERS AN  | ND DIRECTOR                           | DELETE                                 | 13.                       |                   | ADDITIONS/CHANGES TO O   | FFICERS AND DIR               |                                 |  |
| NAME                                       | MCDOUGLE, PATRICIA   |                                       |  | 1 2 NAME                  |                   |  | _ ·                           | angeAdelian                     |  |
| STREET ADDRESS                             | 760 NW 73RD TERRACE  |                                       |  | 13 STREET                 | ADDRESS           |  |                               |                                 |  |
| CITY-ST-ZIP                                | PLANTATION FL  |                                       |  | 14 CHY- S                 | T-ZIP             |  |                               |                                 |  |
| TITLE                                      | DPS  |                                       | ☐ DELETE                               | 2 1 TITLE                 |                   | 0  | <b>⊊</b> c⊦                   | hange Addition                  |  |
| NAME                                       | Porctor, Barbara<br>12821 SW 13TH Manor  |                                       |  | 22 NAME                   |                   | Proctor, Barbana   |                               |                                 |  |
| STREET ADDRESS                             | DAVIE FL   |                                       |  | 23 STREET                 |                   |  |                               |                                 |  |
| CITY-ST-ZIP<br>TITLE                       | DAVIE I E  |                                       | DELETE                                 | 24 CITY - S<br>3 1 TITLE  |                   | ^  |                               | hange 🔀 Addition                |  |
| NAME                                       |  |                                       | <b>_</b>                               | 3 2 NAME                  |                   | 0<br>Fletcher, Loraine   |                               | Addition                        |  |
| STREET ADDRESS                             |  |                                       |  | 33 STREET                 | ADDRESS           | DID E. has Dlas  |                               |                                 |  |
| CITY-ST-ZIP                                |  |                                       |  | 3.4 CITY - S              | T-ZIP             | 1010 8. has clas<br>Ft. hauderdale, Pu   | . 3330                        | ı                               |  |
| TALE                                       |  |                                       | DELETE                                 | 4.1 TITLE                 |                   |  | C+                            |                                 |  |
| NAME                                       |  |                                       |  | 4.2 NAME                  |                   |  |                               |                                 |  |
| STREET ADDRESS                             |  |                                       |  | 4.3 STREET                |                   |  |                               |                                 |  |
| CITY-ST-ZIP<br>TITLE                       |  |                                       | DELETE                                 | 4.4 CITY - S<br>5 1 TITLE | r - ZiP           |  | C⊦                            | nange                           |  |
| NAME                                       |  |                                       |  | 5 2 NAME                  | 1                 |  |                               | iange Audition                  |  |
| STREET ADDRESS                             |  |                                       |  | 5 3 STREET                | ADDRESS           |  |                               |                                 |  |
| CITY-ST-ZIP                                |  |                                       |  | 5.4 CITY - S              | 1                 |  |                               |                                 |  |
| TITLE                                      |  |                                       | ☐ DELETE                               | 6 1 TITLE                 |                   |  | ☐ Ch                          | nange                           |  |
| NAME                                       |  |                                       |  | 6.2 NAME                  | İ                 |  |                               |                                 |  |
| STREET ADDRESS                             |  |                                       |  | 6 3 STREET                | ADDRESS           |  |                               |                                 |  |
| CITY-ST-ZIP                                | codify that the information assets   | with this file-                       | in unlimbert &                         | 6.4 CITY-S                |                   | for the averaging the Co.  | 0.07/0/4                      | 0                               |  |
| cernity that                               | the information indicated on this and  | <del>ual roport</del> or s            | supplemental anni                      | ual report is tru         | ie and accu       | y for the exemption stated in Section 11<br>trate and that my signature shall have the | ne same legal effec           | t as if made under              |  |
| appears in                                 | Block 12 or Block 13 if changed, ox  | oration or the<br>on an attachr       | receiver or truste<br>near with an add | e empowered 1<br>ess.     | b execute 1       | this report as required by Chapter 607,  | Florida Statutes; a           | nd that my name                 |  |

**SIGNATURE:** 

)472 1751

CR2E034 (12/95)