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

SIGNATURE:

V60871

(3)

DOCUM 1. Corporation N	IENT # V6087	1 (3)				
FRAN-PA) I dadil qerbib tahu tahu lahu ibah dadi ki	<u> </u>
Principal Place o	f Business	Mailing Address				
1801 12TH STREET 1801 12TH STREET #738, PALM BEACH MALL #738, PALM BEACH WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401						
TYEO! THEM DE	MOTTE SOTOT				3. Date Incorporated or Qualified 08/31/1992	3a. Date of Last Report 05/23/1995
2. Principal Plac	e of Business	2a. Mailing Address			4. FET Number	Applied For
1		26			65-0353001	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
2 City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees	
<i>7</i> ip	Country	Zip	Country		8. This corporation has liability for int	tangible tax under s. 199.032,
4	25	29	30		Florida Statutes 🔀 Yes	
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent
			01			
FOODY, V			82	Street Ac	Address (P.O. Box Number is Not Acceptable)	
1801 12Th			83			
#738, PALM BEACH MALL WEST PALM BEACH,F L 33401					los 700	
WEST FAI	M DEACH, E SOTO		84	City		FL 85 Zip Code
SIGNATURE _s	ignature, typed or printed name of registereo ager				and of directors. Thereby accept the appoint	[MTF
12. TITLE	D OFFICERS AI	DELETE	1 1 THLE	····		Change Addition
NAME	FOODY, WILLIAM F		1.2 NAME			
STREET ADDRESS	1801 12TH STREET		1.3 STREET	ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 C·TY - S	SI - Z-P		
TOLE	D	X DETELE	2 1 1 1 LE			Change Addition
NAME	SPINA, DANIEL		2.2 NAME			
STREET ADDRESS	1801 12TH STREET			ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2 4 CITY - 5 3 1 TITLE	S1-ZIP		Change Addition
TITLE NAME		- Dettert	3 2 NAME			-
STREET ADDRESS			l l	T ADDRESS		
City-ST-7IP			3 4 CHY-	S1 - ZIF		
TITLE		☐ DELETE	4. 1 T TLE	1		Change Addition
NAME			4.2 NAME			
STREET ADDRESS				I ADDRESS		
CITY-S1-ZIP		☐ DELETE	4.4 CITY - 5.1 TUTLE	21 - ZIP		Change Addition
TITLE N:ANIC			5 2 NAME			
NAME STREET ADDRESS				LADORESS		
CITY-ST-ZIP			5.4.0ITY-			
TITLE		DELETE	6 1 THE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS				LADDRESS		
CITY-ST-ZIP		1	64 CITY	\$1-719	fy for the exemption stated in Section 119.0	7/3)(k) Florida Statutes Lifurther
certify that		riual report or supplemental an poration or the receiver or trust r on an attachment with an ad	inuai report is tr tee en:powered		this report as required by Chapter 607, Flo	

President

SIGNING OFFICER OR DIRECTOR