## 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

1. Corporatio	MENT # V689 DHO GRUPPE COMPANIE	(-)		 	
Principal Place of Business Mailing Address					en han enem ekeli enska bilen salah bilik ililik ililik
8100 N. UNIVERSITY DR. TAMARAC FL 33321		8100 N. UNIVERSITY DR. TAMARAC FL 33321			
A Divino D				3. Date incorporated or Qualified 10/01/1992	3a. Date of Last Report 03/14/1995
21 Principa: Pi	ace of Business	2a. Mailing Address		4. FEI Number 65-0358153	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc			Not Applicable \$8.75 Additional
City & State		27	<del>-</del>	5. Certificate of Status Desired	Fee Required
23	7	City & State		6. Election Campaign Financing	\$5.00 May Be
Zφ	Country	Zip	Country	Trust Fund Contribution  8. This corporation has liability for a	Added to Fees
24	25 9. Name and Address of Curi	29	30	Florida Statutes Yes  10. Name and Address of New R	□No
9604 N	IO, TIMOTHY W 43 CT SPRINGS FL 33065		81 Name 82 Street Add 83	iress (P.O. Box Number is Not Acceptab	le)
			84 City		FL 85 Zip Code
12.	Signature: speed or printed name of registerior age OFFICERS A		Zed by the corporation's boals.  OIT Registered Agent Signature, response	ration submits this statement for the purp rd of directors. Thereby accept the appoint at when recording. ADDITIONS/CHANGES TO OFFI	DAIL
TITLE	PS DONOLLO TIMOTUV	☐ DECETE	1 1 TITLE	ADDITIONS/GITANGES TO OFFI	Change Addition
NAME STREET ADDRESS	DONOHO, TIMOTHY 9604 NW 43 CT		1.2 NAM:		
CITY-SI-ZIP	CORAL SPRINGS FL		1 3 STREET ADDRESS		
TITLE		DELETE	1 4 CITY - ST - ZIP 2 1 TITLE		Channa C Adda.
NAME			2.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-7IP TITLE		DELETE	2.4 CITY - \$1 - ZIP		
NAME			3 1 TITLE 3 2 NAME		Change Addition
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			3 4 City - St - ZiP		
HILE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS DITY-ST-ZIP			4.3 STREET ADDRESS		
ITLE		FIDELETE	4.4 CiTY-ST ZIP		
AME		DELETE	5 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			5 2 NAME		
CITY-S1-ZIP			5 3 STREET ADDRESS		
TLE		☐ DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		<u> </u>
IAME		Δ	6 2 NAME		Change Addition
STREET ADDRESS		V	6 3 STREET ADDRESS		
CITY-ST-ZIP		A .	6.4 CITY - ST - ZIP		

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 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 appears in Block 12 or Block 12 for gight, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE

S

SIGNATURE:

954-77.4-4188 Deytme Proprie #