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PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #** 



V73825

FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(4)

ALBERT H. KOBERT, C.P.A., P.A.  Principal Place of Business  Mailing Address										
Principa' Place of Business Mailing Address  3900 HOLLYWOOD BLVD.  \$-301  HOLLYWOOD FL 33021  MOLLYWOOD FL 34021  MOLLYWOOD FL 35021									-	
HOLLIWOOL	7 FL 33021	TOLLIN	1000 TE 3302	٤١		<ol> <li>Date Incorporate</li> <li>10/22/199</li> </ol>			e of Last Re <b>05/01/19</b>	-
. Principa! Plac	be of Business	2a. Mailing	Address			4. FET Number		A		upplied For
		26				65-0365	096			Not Applicable
- Suite, Apt. #, 1	. etc	Suite, A	pt. #, etc.			5. Certificate of Star	us Desired			Additional Required
L		City & S	State			6. Election Campaig	ın Financing			May Be
]		28				Trust Fund Contr	-		•	to Fees
7p	Country	Zip		Country	····	8. This corporation			ax under s	199.032,
l	25	29		30		Florida Statutes		□No		
	g. Name and Address of Cu	irrent Registered Ag	jent	81	Name	10. Name and Add	ess,or New F	tegisterea	Agent	<del></del>
KUBEDI	r, albert H.					ress (P.O. Box Number is	Not Associat	ales)		
	OLLYWOOD BLVD.			82	Street Add	ress (F.O. BOX NUMBER IS	NO ACCEPTAL	ло <i>ј</i>		
\$-301				83						
	VOOD FL 33021			84	City			FL	85 Zıç	Code
focultion with	d agent, or both, in the State of I , and accept the obligations of I	Saction 607 0505. Eld	veida Ctatutaa							
IGNATURE	ligirature, typed or printed name of registered	agent and bile if applicable.		TE Registered Agon:	signature resurre			DATE		
IGNATUREs	lgratin, typed or printed name of registeres OFFICERS	agent and title if applicable.	(NO)	TE Riegistered Agont	Signature resource	d when reinstating) ADDITIONS/CHA	NGES 70 OFF	ICERS AN		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/96 954-962-1118 Daylore Prone 2