(Requestor's Name)	
(Address)	000
(City/State/Zip/Phone #)	
(Business Entity Name)  (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	

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## FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST. \*

CORPORATION

ANNUAL REPORT 1992

GRIMTON, HERBERT R.

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FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

IUL21'92

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WIMLIMGTON, DE

APPRÔVED SEC. OF STATE CORPORATIONS DIV. NALLAHASSEE, FLA. FILED

FIL	NG FEE \$61.25 M	ake Payable	10: Secretary of	Sla	te .	L		TIRW 104 OC	IN THIS SPAC	ε	
. Name a	and Mailing Address of Corporat  8 THE CORPORATIO		ENT # <b>017109</b>	((	))	2.	If Address in Bloc incorrect informat Box is acceptable only by filing an a	ion and enter! The NAME of	ne correct ad	dress be c	w PO
	👸% C.T. CORPORA	TION SYSTEM				21	Mailing Address				
	* 8751 WEST BROW PLANTATION FL					22	PO Box No.				
						23	City and State			24 Zip	Codo
above add	tress is incorrect in any way, fine t	nrough the incorrect in	formation and enter correct ad	ldress in	Block 2.	3.	Dale Incorporate To Do Business		06/	23/19	25
. Date o	of Last Report	4. FEI Number			FE! Nu	mbe	ar Appliad for	5. \$	8.75 Additi for a Certif	onal Fee	required
	06/28/1991	51-009948	34		FEIN	mbi	er Not Applicable		CATE OF ST		
. Names	and Street Addresses of Each C	Officer and Director (Di				OVO	r incorrect inform	ation )			
Title	Names of O and Direc		Street Address of Fach Officer and Director 3 (Do NOT Use Post Office Box Numb		bers	) 4	City and State				
/D	THORNE, OAKLEI	GH B.	1209 ORANGE	STRE	ET		WI	LMINGTO	V, DE		
	FINORA, JOSEPH	J.	1209 ORANGE	STRE	ET		WIL	MINGTO	V, DE		
<b>/</b> D	D KELLY, JOHN D.		1209 ORANGE STREET			WILMINGTON, DE					
	MILONE, THERESA		1209 ORANGE	1209 ORANGE STREET			WI	WILMINGTON, DE			
/S	S ALLEN, DONALD R.		8751 W BROWARD BLVD				PL	PLANTATION, FL			

	8. Name and Address of New Registered Agent						
REGISTERED AGENT INFORMATION	81	Name					
7. Name and Address of Current Registered Agent		C T CORPORATION SYSTEM					
C T CORPORATION SYSTEM 8751 WEST BROWARD BLVD. PLANTATION, FL 33324		Street Address 1 (Do NOT Use If O. Box Hirriber)					
		1200 S. PINE ISLAND RD.					
		Street Address 2 (Do NOT Usc P O Box Number)					
I LIMITH A DITY I L DOOLT	84	City 85 Zip Code					
		PLANTATION FL. 33324					

1209 ORANGE STREET

9. Pursuant to the provisions of Sections 607 0502 and 607 1508 or Sections 617,0502 and 617 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with land accept the obligations of, Section 607,0505, Florida Statutes.

SIGNATURE		 	and the second s	DAIL	
	(Registered Agent Accepting Appointment)	 			
		 	<u></u>		

10. This corporation has liability for intangible tax under S 199 032. Florida Statutes Yes No X (See other side for information on intangible tax.)

11. Firefly 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 oath. Florida Statutes, and the my name appears in Block 6 or an attrictment with an address.

	en .	DATE6/23/92
Typed Hame of Signing Officecus Director	Title	Telephone Humber Daytime
Joseph J. Finora	Treasurer	( ( )

12. Should you wish to contribute to the Election Campaign F:nancing Trust Fund, check the box and include an additional \$5 00 to the filling fee