Suite, Apt. #, etc.	ANN	PROFIT PROPRATION JUAL REPORT 1996	Sand Seci	PARTMENT OF STATE ira B. Mortham retary of State DF CORPORATIONS		
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1179 W PALMETTO PARK RD BOCA RATON FL 30429-2659 11 1379 W PALMETTO PARK RD BOCA RATON FL 30429-2659 2 Principal Place of Business 2 R. Molling Address 2 R. Molling Address 3 Sulto, Aprl. 4, etc. 2 Sulto, Aprl. 4, etc. 3 Sulto, Aprl. 4, etc. 3 Sulto, Aprl. 4, etc. 4 Sulto, Aprl. 4, etc. 5 Sulto,	LOGE	aena kun untimited, INC	•) IRBNIANA DEN ANDEN DIAN ERNAN ANDE)
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2. Principal Place of Business 2a. Mailing Address 2. Affelion						
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Suite, Apt. #, etc. Suite, Apt. #, etc.	1					Applied For Not Applicable
City & State Ci	2		 			\$8.75 Additional
Second Process Seco	3	te				\$5.00 May Be
WOTRING, CHARLES C. 20971 D VIA OLEANDER BOCA RATON FL 33428 82 Street Address (P.O. Box Number is Not Acceptable) 83		25	29		8. This corporation has liability or i	ntangible tax under s 199.032,
20971 D VIA OLEANDER BOCA RATON FL 33428 83 84 City FL 85 Zip Code FL 95 Zi		9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named porporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I admits with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature Sign	20971	D VIA OLEANDER		83	iress (P.O. Box Number is Not Acceptabl	ie)
Synature, byed of printed harve of registered aport and the F applicative. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INC. WOTRING, CHARLES C. 20971 D VIA OLEANDER BOCA RATON FL ILE D WOTRING, KARIN A. 22 NAME WOTRING, KARIN A. 22 NAME WOTRING, KARIN A. 22971 D VIA OLEANDER BOCA RATON FL ILE D WOTRING, KARIN A. 22 NAME 23 STREET ADDRESS 2971 D VIA OLEANDER BOCA RATON FL ILE D DELETE J TITLE Change Addi Chang	familiar w	to the provisions of Sections 607.0502 red agent, or both, in the State of Florid rith, and accept the obligations of, Sect	and 607.1508, Florida Statu da. Such change was authori on 607.0505, Florida Statute	tes, the above-named corpo	ration submits this statement for the purp rd of directors. I hereby accept the appo	FL
D						
13 STREET ADDRESS 20971 D VIA OLEANDER 13 STREET ADDRESS 14 CITY-ST-ZIP	2.				ad when reinstating)	DATE
D DELETE 2 TITLE Change Addi MME WOTRING, KARIN A. 22 NAME 20971 D VIA OLEANDER 23 STREET ADDRESS BOCA RATON FL 24 CITY-ST-ZIP TILE D D DELETE 3.1 TITLE Change Addi MME SWINEA, KIMBERLY 32 NAME 32 NAME FREEI ADDRESS 9953 SPANISH ISLES DR 33. STREET ADDRESS 34 CITY-ST-ZIP TILE D DELETE 4 1 TITLE Change Addi MME REET ADDRESS 42 NAME 42 NAME ###################################	IILE	OFFICERS AND	D DIRECTORS	13. 1.1 TITLE	ad when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition
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1. Ido 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 furthe 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 uncoath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter on a state-of-meet with an address.	ITTLE IAME THEET ADDRESS ITY-ST-ZIP ITTLE AME THEET ADDRESS ITY-ST-ZIP ITTLE AME TREET ADDRESS ITY-ST-ZIP ITTLE AME TREET ADDRESS ITY-ST-ZIP ITTLE AME ITTLE I	D WOTRING, CHARLES C. 20971 D VIA OLEANDER BOCA RATON FL D WOTRING, KARIN A. 20971 D VIA OLEANDER BOCA RATON FL D SWINEA, KIMBERLY 9953 SPANISH ISLES DR	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 33. STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	ad when reinstating)	CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition