## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mörthafh

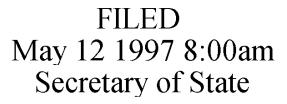
Secretary of State . . . DIVISION OF CORPORATIONS

DOCUMENT # 380619

CPC MANAGEMENT CORP.

ivilliv i # on Name	30001	9
ANIACCMENT	$\triangle \triangle DD$	

(7)





Principa: Place of Business Mailing Address  18400 WEST DIXIE HIGHWAY, SUITE #D 18400 WEST DIXIE HIGHWAY, SUITE #D N. MIAMI BEACH FL 33160-2048 N. MIAMI BEACH FL 33160-2048									
					3. Date Inco	rporated or Qualified	3a. Date 04/15	of Last F 5/1996	Report
2. Principal Place of Busin	ess	2a. Mailing Address 26			4. FEI Numb				pplied For ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate	of Status Desired			Additional equired
City & State		City & State			١	ampaign Financing			May Be to Fees
Ζφ	Country 25	Zip 29	Gount 30	try		oration has liability for	intangible ta	x under s	· · · · · · · · · · · · · · · · · · ·
9. Name	and Address of Current F		1301			d Address of New Re			
SHIDLOSWKY, 1 48400 W DIXIE N MIAMI BOH F	HOWARD HWY, 9TE-D-		8	Street Addr 1840 3 Suit	aul J. Tess (P.O. Box No 0 West Tes	Lane Imber is Not Acceptat Dixie High	ole) <b>way</b>		<sup>C∞le</sup> 160
11. Pursuant to the provision office or registered age agent i am affoliar with SIGNATURE	ent, extreth, in the State of in, and fourth the obligation	Florida. Such change was ons of, Section 607.0505, F Paul J.	s authorized Florida Statu <b>Lane</b>	ove-named corp by the corporat tes.	tion's board of di	his statement for the r	FL purpose of control the appoint	hanging i	ts registered
Algeral states, it is	printed name of registered agen; a			opent signature requir		WOLLANDER TO OCE	DATE /	NDCOTO:	DC (8) 40
12.	OFFICERS AND L	DELETE	13.	<del></del>	ADDITION	S/CHANGES TO OFFIC		Change	Addition
NAME SHIDLOW STREET ADDRESS 18400 W	/SKY, HOWARD DIXIE HWY, STE D BCH, FL 00000	L.J occer	1.2 NAM 1.3 STRI	· ·			L	_ Grange	
TOTAL NAME		DELETE	2 1 TITL 2.2 NAM	ne ·				Change	Addition
STREET ADORESS OTTY-ST-ZIP			B C	EET ADDRESS Y-ST-ZIP		o .			
TITLE NAME	The second of the second secon	DELETE	3.1 Titl 3.2 NAM	E			L	Change	Addition
STREET ADDRESS CHY+SI+ZIP				EET ADDRESS V-ST-ZIP					
TITLE		☐ DELETE	4.1 TITL	E				Change	Addition
NAME STREET ASIDRESS			4.3 STR	EET ADDRESS					
THIE		DELETE	5.1 T(T)	i i			E	Change	Addition
NAME STREET ADDRESS			5.2 NAM 5.3 STR	EFT ADDRESS					
0174-81-20P	gg - 178 f - 177 (187 - 1884) - 177 (187 - 1884) - 177 (187 - 1884) - 177 (187 - 1884) - 177 (187 - 1884) - 17	DELETE	5.4 CITY 6.1 TiTL	/-ST-ZVP				Change	Addition
NAME STREET ADDRESS			62 NAM 63 STR	EET ADDRESS					
Cri Y - Si - Zie				-ST-ZIP		27072 0 2 2			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and cated 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; that I am an officer or director of the corporation or the receiver or trustee powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if che Howard Shidlows

SIGNATURE:

NING OFFICER OR DIRECTOR

04/14/97

(305)932 - 8600

0217720