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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 11 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

CITY-ST-7IP

SIGNATURE:

14. I do horeby certify that the information supplied with the information indicated on this annual report or supplier if am an officer or director of the corporation or the red

DOCUMENT # F15878

(4)

LAW OFFICES OF RAY A. SCHLICHTE, JR. PROFESSIONA L ASSOCIATION

|   |  |  |                        |  |                        |                 |          |               | -  | 1   10   14   16   16   16   14   14   14   14 |             |                                |                   |             |                                       |  |
|---|--|--|------------------------|--|------------------------|-----------------|----------|---------------|--|--|-------------|--------------------------------|-------------------|-------------|---------------------------------------|--|
| Principal Flace of Business Mailing Address |  |  |                        |  |                        |                 |          | 1             |  |  |             |                                |                   |             |                                       |  |
| 2134 HOLLYWOOD BLVD<br>HOLLYWOOD FL 33020   |  |  |                        | 2134 HOLLYWOOD BLVD<br>HOLLYWOOD FL 33020-6701 |                        |                 |          |               | , ,  |  |             |                                |                   |             |                                       |  |
|   |  |  |                        |  |                        |                 |          |               | 3. Date In 01/23/  | corporated or C                                | lualified   | 3a. Da                         | te of La<br>5/199 |             | xort                                  |  |
| 2. Principal Place of Business              |  |  |                        | 2a. Mailing Address                            |                        |                 |          |               | 4. FEI Number  |  |             |                                |                   | Appl        | lied For                              |  |
| 21  |  |  | 26                     | 26   |                        |                 |          |               | 59-2047109   |  |             |                                |                   | Not /       | Applicable                            |  |
| State, Apt. #, etc<br>22                    |  |  | 27                     | Suite, Apt. #, etc.                            |                        |                 |          |               | 5. Certific  | ate of Status De                               | sired       | \$8.75 Additional Fee Required |                   |             |                                       |  |
| City & State                                |  |  |                        | City & State                                   |                        |                 |          |               | 6. Election Campaign Financing \$5.00 May Be                           |  |             |                                |                   |             |                                       |  |
| 23  |  |  | 28                     | 28   |                        |                 |          |               | Trust Fund Contribution Added to Fees                                  |  |             |                                |                   |             |                                       |  |
| Zip Country                                 |  |  |                        | Zip Country                                    |                        |                 |          |               | 8. This corporation has liability for intangible tax under s. 199.032, |  |             |                                |                   |             |                                       |  |
| 24  | 25   |  |                        | 29 30  |                        |                 |          |               | Florida Statutes   |  |             |                                |                   |             |                                       |  |
|   | 9. Name and A  | ddress of Curren                           | nt Regist              | ered Agent                                     |                        | $\Box$          |          |               | 10. Name   | and Address of                                 | New Reg     | platered /                     | gent              |             |                                       |  |
| SC  | CHLICHTE, PAUL (   | ESQ.                                       |                        |  |                        | 81              | Nai      | me            |  |  |             |                                |                   |             |                                       |  |
| 2134 HOLLYWOOD BLVD<br>HOLLYWOOD FL 33020   |  |  |                        |  |                        |                 | Stre     | eet Addre     | ress (P.O. Box Number is Not Acceptable)                               |  |             |                                |                   |             |                                       |  |
| 116   |  | oe o                                       |                        |  |                        | 83              |          |               |  |  |             | <del></del>                    |                   | <del></del> |                                       |  |
|   |  |  |                        |  |                        |                 | <u> </u> |               |  |  |             |                                |                   |             |                                       |  |
|   |  |  |                        |  |                        | 84              | Cit      | У             | . ,  |  |             | FL                             | 85                | Zip Co      | ode                                   |  |
| 44 Diagnos                                  | al to the provinces of   | L Cookers 607 060                          | 2 and 60               | 7 1509 Florido Stat                            | ulac the               | abou            |          | and aprec     | oration cultural   | to this statemen                               | t for the n | Urposo of                      | changir           | na ite      | registered                            |  |
| office o<br>agent. i                        | nt to the provisions o<br>or registered agent, o<br>I am familiar with, an | r both, in the State<br>d accept the oblig | of Florid<br>ations of | la. Such change wa:<br>, Section 607.0505, I   | s authori<br>Florida S | zed b<br>talute | y the    | corporation   | on's board of  | directors. I here                              | by accep    | t the appo                     | ointmen           | t as re     | gistered                              |  |
| SIGNATUR                                    | E  |  |                        |  |                        |                 |          |               |  |  |             |                                |                   |             |                                       |  |
|   | Signature, typed or print  | ed name of registered age                  |                        |  |                        |                 | ent sign | ature require | d when reinstating   |  |             | DATE                           |                   |             |                                       |  |
| 12.   | т Б  | OFFICERS AN                                | DDIREC                 |  | 1                      |                 |          |               | ADDITIO  | NS/CHANGES                                     | IO OFFIC    | ERS AND                        | ****              |             |                                       |  |
| TITLE                                       | SCHUCHTE, P  | AIH O                                      |                        | ☐ DELETE                                       | - 1                    | 1 TITLE         |          | - }           |  |  |             |                                | Chan              | .ge         | Addition                              |  |
| NAME  | 2134 HOLLYW  |  |                        |  | 1.                     | 2 NAME          |          |               |  |  |             |                                |                   |             |                                       |  |
| STREET ADDRES                               | ***  |  |                        |  | ŧ.                     | 3 STREE         | T ADDRE  | ESS           |  |  |             |                                |                   |             |                                       |  |
| City-St-ZiP                                 | HOLLYWOOD  | rl   |                        |  |                        | 4 CITY-         | ST-ZIP   |               |  |  |             |                                |                   |             | <del> </del>                          |  |
| TITLE                                       | V  |  |                        | DELETE   | 2                      | 1 TITLE         |          | 1             |  |  |             |                                | Chan              | ge          | Addition                              |  |
| NAMÉ  | SCHLICHTE, N   |  |                        |  | 2.                     | 2 NAME          |          | ļ             |  |  |             |                                |                   |             |                                       |  |
| STREET ADDRES                               |  |  |                        |  | 2                      | 3 STREE         | T ADDAE  | SS            |  |  |             |                                |                   |             |                                       |  |
| CITY-ST-7IP                                 | HOLLYWOOD  | FL   |                        |  | 2                      | 4 CiTY-         | ST-ZIP   |               |  |  |             |                                | <del></del>       |             | ·                                     |  |
| TITLE                                       | 8  |  |                        | ☐ DELETE                                       | 3.                     | 1 TITLE         |          |               |  |  |             |                                | Char              | ige         | Addition                              |  |
| NAME  | SCHLICHTE  |  |                        |  | 3.                     | 2 NAME          |          |               |  |  |             |                                |                   |             |                                       |  |
| STREET ADDRES                               |  | . • .                                      |                        |  | 3.                     | 3 STREE         | T ADDRE  | ss            |  |  |             |                                |                   |             |                                       |  |
| CiTY-ST-ZiP                                 | HOLLYWOOD  | FL   |                        |  | 3.                     | 4. CITY-        | ST-ZIP   |               |  |  |             |                                | house             |             | · · · · · · · · · · · · · · · · · · · |  |
| 101LE                                       | I  |  |                        | ☐ DELETE                                       | 4.                     | 1 TITLE         |          |               |  |  |             |                                | Char              | ige         | Addition Addition                     |  |
| NAME  | SCHLICHTE, N   |  |                        |  | 4.                     | 2 NAME          |          |               |  |  |             |                                |                   |             |                                       |  |
| STREET ADDRES                               |  |  |                        |  | 4.                     | 3 STREE         | t addri  | ess           |  |  |             |                                |                   |             |                                       |  |
| CITY ST 21F                                 | HOLLYWOOD  | FL   |                        |  | 4.                     | 4 CITY-:        | ST-ZIP   |               |  |  |             |                                |                   |             |                                       |  |
| TITLE                                       |  |  |                        | ☐ DELETE                                       | 5.                     | 1 TITLE         |          |               |  |  |             |                                | Char              | ige         | Addition                              |  |
| NAME  |  |  |                        |  | 5.                     | 2 NAME          |          |               |  |  |             |                                |                   |             |                                       |  |
| STREET ADDRES                               | ss   |  |                        |  | 5.                     | 3 STREE         | T ADDRE  | ess           |  |  |             |                                |                   |             |                                       |  |
| CHY-ST-ZIP                                  |  |  |                        |  | 5.                     | 4 CITY -        | ST-ZIP   | 1             |  |  |             |                                |                   |             |                                       |  |
| TITLE                                       |  |  |                        | DELETE   |                        | 1 TITLE         |          |               |  | ***************************************        |             |                                | Char              | ige         | Addition                              |  |
| NAME  |  |  |                        | 1  |                        | 2 NAME          |          |               |  |  |             |                                |                   |             |                                       |  |
| STREET ADDRES                               | <sub>ss</sub>  |  |                        |  |                        | 3 STREE         |          | -88           |  |  |             |                                |                   |             |                                       |  |
| STREET PRODUCTS                             |  |  |                        |  |                        |                 |          | · ·           |  |  |             |                                |                   |             |                                       |  |

64 CITY-ST-ZIP

y does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the innual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that if trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name