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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F51759

(1)

ANTHONY J. BEISLER, III, P.A.

FILED
Jan 14 1997 8:00am
Secretary of State



Principal Place of Business C/O ANTHONY J. BEISLER. III 1001 N.E. 26 STREET FT. LAUDERDALE FL 33305		1001 N.E. 26 STA	Mailing Address C/O ANTHONY J. BEISLER. III 1001 N.E. 26 STREET FT. LAUDERDALE FL 33305-1243			I NOBINGO TIAN DINOI ITANI BINA BINA BINA BINA			
						3. Date Incorporated or Qualified 10/29/1981	3a. Date of L 01/29/19		
Principal Place of Business Total		2a. Mailing Addr	2a. Mailing Address 26			4. FEI Number 59-2143164	Applied For Not Applicable		
Suite, Ap	pt #, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	 1	ountry	/	8. This corporation has liability for i		der s. 199.032,	
24	25	29	30	.		7.1517	Yes No		
	9. Name and Address of Curr	ent Registered Agent		B1	Name	10. Name and Address of New Re	istered Agent		
DEISLER, ANTHONY J., RI					ivaine _				
				82	Street Ad	Address (P.O. Box Number is Not Acceptable)			
Г	T LAUDERDALE FL 33305			83					
				84	City		los l	Zip Code	
				"	City		FL 85	Zip oodo	
12.	Signature, type d'or printed name of registered. OFFICERS A	AND DIRECTORS	1	ered Ag 3. 1 TITLE	ent signature rec	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIREC		
NAME	BEISLER, ANTHONY J.,III		1	2 NAME			_	•	
STREET ADDRES	SS 1001 N.E. 26TH STREET FT LAUDERDALE FL		1		I ADDRESS				
CITY-ST-ZIP TITLE	STD	□ DI		4 City - : 1 Title	51~ZIF		☐ Ch	ange Addi	
NAME	BEISLER, ANTHONY J.,III		2.	2 NAME					
STREET ADDRES			2.	3 STREE	T ADDRESS				
CHY-ST-ZIP	FT LAUDERDALE FL			4 CITY-	ST-ZIP				
TITLE		[] DI		1 TITLE 2 NAME	-		Ļ Ch	ange 🛄 Addi	
NAME STREET ADDRES	20				T ADDRESS				
City-St-Zip	ap			a SINEE 4 CITY-	ı				
TITLE		D8		1 TITLE			☐ Ch	ange Addi	
NAME			4.	2 NAME					
STREET ADDRES	SS		4	3 STREE	T ADDRESS				
C+TY - ST - ZIP		Te		4 City	ST-ZIP		☐ CH	nange Addi	
TITLE				1 TITLE	- 1		1 1 1.17	izinge LLI A001	
NAME		L1 DI							
	ee .	01	5	2 NAME			<u> </u>		
STREET ADDRES	ss		5 5	2 NAME 3 STREE	T ADDRESS				
	SS		5 5 5	2 NAME	T ADDRESS		Cr	nange Addi	
STREET ADDRES	SS		5 5 5 ELETE 6	2 NAME 3 STREE 4 CHY+	T ADDRESS ST-ZIP			nange 🔲 Addi	
STREET ADDRES CITY-ST-ZIP TITLE			5 5 5 ELETE 6	2 NAME 3 STREE 4 CHY: 1 TITLE 2 NAME	T ADDRESS ST-ZIP			nange 🔲 Addi	

14. I do hereby cert fy 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 indicated on this annual report or suppliemental 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 trust 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 600, an affection of the corporation of the corp

SIGNATURE:

DANTURE AND TYPED OR PRINTED IN ME OF SIGNING OFFICER OR DIRECTOR

1/7/97 954-565-1607
Date Dayline Phone #