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

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G34674

(3)

Mailing Address

JOHN DORONY, JR., C.P.A., P.A.

FILED
Apr 29 1997 8:00am
Secretary of State

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4410 N ST RD	7				4410 N ST RD 7								
FT LAUDERDALE FL 33319					205 FT LAUDERDALE FL 33319-5874								
US	US								3. Date Incorporated or Qualified				
2. Principal P	lace of Busin	1088		2	a. Mailing Address					4. Fet Number	V 11	<del>-</del>	Applied For
21				26	<b>–</b>					59-2304460			Not Applicable
Suite, Apt.	#, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.7	Additional
City & State	10			27	27							<del></del>	Required
23				28	City & State					6. Election Campaign Financing . Trust Fund Contribution			May Be
Zip		Cou	intry		Zip		Country	у		8. This corporation has liability for i	nlangible	tax unde	s. 199.032,
24		25		26		30				Florida Statutes	Yes [	] No	
<del></del>			dress of Curren	l Reg	gistered Agent					10. Name and Address of New Re-	gistered /	Agent	
	rony, Joh						B1	^	Name				
	O N ST RD						82	s	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
FTI	Lauderdai	LE FL (	33319					<u> </u>			/		
							83	1					
							84	C	City		FL.	85 Z	p Code
11. Pursuant	to the provisi	ions of 5	Sections 607 050	2 and	1 607 1508 Florida Stat	hites th	ne abov	le n	amed corpo	pration submits this statement for the p	urpose of	changing	r ite registered
Office or r	na hotafeinet	iont or b	holb in the State	of Fig	orida. Such change was s of, Section 607.0505, I	e autha	rivad bi	12 1bs	e corporatio	on's board of directors. I hereby accep	of the app	ointment	as registered
SIGNATURE	Signature, typed	or printed	name of registered age	ul and t	title if applicable (Ne	Olt Regi	istered Age	ent si	ignature required	d when reinstating)	DATE		
12.			OFFICERS ANI	D DIR			13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	DRS IN 12
TITLE	DP				DELFTE	_	1.1 TITLE		1			☐ Chang	
NAME	DORONY	', JOHN	i JR.				1.2 NAME						
STREET ADDRESS	4410 N. S	ST RD.	7 #205				1. <b>3</b> \$TREE1	1 ADD	DRESS	•			
CITY-ST-ZIP	FT. LAUD	DERDAL	E FL 33319				1.4 CITY - 9	S1 - 21	IP		٠.		
TITLE			·		DELFTE		2.1 TITLE					Chang	e 🔲 Addition
NAME						1	2.2 NAME						-
STREET ADDRESS							2.3 STREET	T ADD	DRESS				
CITY-ST-ZIP	l						2. 4 CITY-:	\$1-2	ZIP				
TITLE					DELETE	;	3.1 1/1LE					☐ Chang	e Addition
NAME						:	3.2 NAME						
STREET ADDRESS							3.3 STREET	I ADD	DRESS				
CITY-ST-ZIP							3.4 CITY-	S1 - Z	?IP				
TITLE					DELETE		4.1 TO LE					Chang	e 🔲 Addition
NAME							4. 2 NAME						
STREET ADDRESS							4.3 STREET	I ADD	ORESS				
CITY-ST-ZIP							4.4 CITY - S	31 - ZI	IP I				
TITLE					DELETE	!	5.1 TITLE		-			Chang	e 🔲 Addition
NAME	}						5.2 NAME		1				
STREET ADDRESS						:	5.3 STREET	add i	oress				
CITY-ST-ZIP	<u> </u>				····		5.4 CITY - S	ST - ZI	IP .				
TITLE					DELETE	1	6.1 TITLE					Chang	e Addition
NAME						1	6.2 NAME					•	
STREET ADDRESS							6.3 STREET	add i	ORESS				
CITY-ST-ZIP							6.4 CHY-S						
14. I do heret informatio	by certify that on indicated c	t the info on this a	ermation supplied unual report or s	a with elagu	this filing does not qua emental annual report is	alify for s true a	the exc nd acci	emp urah	ition stated i e and that n	in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal	s. I further	certify th	at the
I AM AN M	illicat or direc	alor of H	io comonation or	the re	ecciver or trustee empo n attachment with an a	NU/OFOC	to ever	outo	this report	as required by Chapter 607, Florida Si	latutes; ar	nd that m	y riame