## 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 # H58131**

(4)

ACCURA	TE RECORD KEEPING, IN	<b>c</b> .	•							
Principal Place of Business P.O. BOX 569 ROSELAND FL 32957 US		Mailing Address P.O. BOX 569 ROSELAND FL 32957-0569 US				1 100 161 000	1888 (1981 1888) 1888 (1888) 1888 :		***************************************	
						3. Date Incorp 05/21/198	orated or Qualified 5	3a. Da 03/1	te of Last Re 12/1996	eport
<del></del>	lace of Business	2a. Mailing A	ddress			4. FEI Number				plied For
21		26				59-2580	5/4			t Applicable
Suite, Apt. 22	#, BIG.	Suite, Apt	#, etc.			5. Certificate of	f Status Desired		\$8.75 A Fee Re	
City & Stat	0	City & Sta	ıte			6. Election Car	mpaign Financing		\$5.00	·
23		28	•				Contribution		Added to	
Zip	Country	Zip		Country		8. This corpora	ation has liability for			199.032.
24	25	29		30		Florida Stati		Yes [		
AAU	9. Name and Address of Curre	m Registered Age	nt	81	lame 1	10. Name and	Address of New R	· -	<del>- T</del>	
- 248	E. LAKEWOOD PD				H	RRY R.	SeHu		CKE	
				82 8	Street Addr	ess (P.O. Box Nun	BENCH LA	ible)	Rul	
WES	T-PALM BEACH FL 00105-			63	4	·	⊆	'AC_3		
				84 (	ity •	15 12	<u>D</u>		85 Zip C	2ode
	<u></u>			1 1	' 10	MAIM	BEACH	FL	334	401
office or r agent. La	to the previsions of Sections 607,05 registered agent, or both, in the Statum familiar with, and accept the obline of the control of the cont	e of Florida Such c	hange was 607 0505, F	ites, the above-n authorized by th lorida Statutes. <b>Kri MY</b>	amed corp e corporati	ion's board of dire		purpose or apt the appo	changing its ointment as i	registered
SIGNATORE	Segnicial of proceedings of natural of registered as	and and title if supplicable	(NO	It: Registered Agent s	ignature requir	ed when reinstating)		DATE	///	
12.		ND DIRECTORS	T SELETE	13.		ADDITIONS	CHANGES TO OFF	ICERS AND		
TIFLE	PD SUBTATO, MARCELLA T.	L_	DELETE	1.1 TITLE					☐ Change	Addition
NAM:	4846 CHERRY RD.			1.2 NAME	anena					
STREEL ADDRESS CITY-ST-ZIP	LAKE PARK FL			1.3 STREET AD			•			
TITLE			DELETE	1.4 CITY-ST-Z 2.1 TITLE	IP		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				2.2 NAME						<del></del>
STREET ADDRESS				2.3 STREET AD	oress		•			
CITY-ST ZIP				2 4 CITY-ST-	ZIP					
TITLE			DELETE	3.1 TITLE			:		Change	Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREET AD		1				
CHY-ST-ZIP TITLE			DELETE	3.4 CITY-ST-	?IP :	<del>7************************************</del>			Change	Addition
NAME		<b>L</b>	ן גאנננונ	4.1 TITLE 4.2 NAME					Change	Addition
STREET ADDRESS				4.3 STREET AD	nerce					
CITY-ST-ZIP				4.4 CITY-ST-2						
TITLE			DELETE	5.1 TITLE	"	· · · · · · · · · · · · · · · · · · ·			Change	Addition
NAME				5.2 NAME					. 0	
STREET ADDRESS				5.3 STREET AD	DRESS				67	/ <b>\\\</b> \
CITY-ST-ZIP				5.4 CITY-ST-2	IP.				~	1/12
TITLE			DELETE	6.1 TITLE					Change	Addition
NAM <sup>®</sup>				6.2 NAME		កលិ	<b>20020</b> 0 /21/97016 65.00	529	09	i
STREET ADDRESS				6.3 STREET AD	DRESS	-U1,	.51\2\01(	J120	10	
CITY - ST - 7IP				6.4 CITY - ST - 2	IP	<b>非宗</b> 张]	ნა. ՄՄ			

14. Loo 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 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 under oath, 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 changed, or on an attachment with an address.

**SIGNATURE:** 

12-9-98 561-683-0797

**FILED** 

Jan 16 1997 8:00am

Secretary of State