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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # KO3805

		# KO38 UDERDALE, IN		(4)						
Principal Plac	e of Busines	s	Mai	iling Address					JULUAN II	
2109 NE 44TH ST FT LAUDERDALE FL 33308 US			210 FT	2109 NE 44TH ST FT LAUDERDALE FL 33308-5609 US						
							3. Date Incorporated or Qualified 11/24/1987	I	te of Last   17/1996	•
2. Principal P	lace of Busin	ness	2a.	Mailing Address			4. FEI Number	<u> </u>	****	Applied For
1			26	,			65-0352044			lot Applicable
Suite, Apt	#, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		4	Additional
2		-,	27	0. 10.					<del></del>	Required
City & Stat	te		<del>}</del>	City & State			6. Election Campaign Financing Trust Fund Contribution	, _		May Be I to Fees
<b>3</b>   <b>Z</b> ip		Country	28	Zip	Cour	ntry	This corporation has liability	for intendible		
4		25	29	·	30		Florida Statutes	Yes Y		3. 199.002.
		and Address of Cu	urrent Regist	ered Agent		81 Name	10. Name and Address of New	Registered	Agent	
	VRREN, JER				Ł	81 Name				
2109 NE 44TH ST FT LAUDERDALE FL 33308						82 Street Add	dress (P.O. Box Number is <b>Not Accep</b>	otable)		
FI	LAUDERDA	LE PL 33306			}	83	······································			
					-				"T_=T""#	
					1	64 City		FL	B5 Zip	Code
11. Pursuant	to the provis	sions of Sections 607	7 0502 and 60 State of Florid	7.1508, Florida Stat	utes, the ab	ove-named cor	rporation submits this statement for that ion's board of directors. I hereby ac	ne purpose or scent the app	cnanging ointment a	its registered s registered
11. Pursuant office or i agent. La SIGNATURE		ions of Sections 607 gent, or both, in the S ith, and accept the o					rporation submits this statement for the ation's board of directors. I hereby accurred when reinstaling)	DATE	changing ointment a	s registered
SIGNATURE	Signature, typed	Lor primed name of register		Lapplicable, (N	OTE: Flagislered	Agent signature requ		DATE	DIRECTO	RS IN 12
SIGNATURE 12. IIILE	Signature, typed	For printed name of register OFFICE AS	ed agera and tillo i	Lapplicable, (N	OTE: Registered	Agent signature requ	uired when reinstalling)	DATE		RS IN 12
SIGNATURE I <b>2.</b> IIILE NAME	Signature, type of PTD WARREN	t or priested name of register OFFICE RS	ed agera and tillo i	Lapplicable, (N	13. 1.1 TIT	Agent signature requ	uired when reinstalling)	DATE	DIRECTO	RS IN 12
SIGNATURE  12.  IITLE  VAME  STREET ADDRESS	PTD WARREN 2109 NE	o prieted name of register OFFICE RS  V. JERRY L.  E 44TH ST.	ed agent and tillo it S AND DIREC	Lapplicable, (N	13. 1.1 TIT 1.2 NA 1.3 STE	Agent signature requ LE ME REET ADDRESS	uired when reinstalling)	DATE	DIRECTO	RS IN 12
SIGNATURE	PTD WARREN 2109 NE	t or priested name of register OFFICE RS	ed agent and tillo it S AND DIREC	Lapplicable, (N	13. 1.1 TIT 1.2 NA 1.3 STE	Agent signature requ LE ME REET ADDRESS Y-SY-ZIP	uired when reinstalling)	DATE	DIRECTO	RS IN 12
SIGNATURE  12.  IITLE  NAME  STREET ADDRESS  CITY- ST-ZIP	PTD WARREN 2109 NE FT. LAU VSD	o prieted name of register OFFICE RS  V. JERRY L.  E 44TH ST.	ed agent and tillo it S AND DIREC	I applicable. (N TORS DELETE	13. 1.1 TIT 1.2 NA 1.4 CIT	Agent signature requirements  ME  REET ADDRESS  Y-SY-ZIP  LE	uired when reinstalling)	DATE	DIRECTO Change	RS IN 12
SIGNATURE  12.  ITLE  NAME  STREET ADDRESS  SITY - ST - ZIP  HELE	PTD WARREN 2109 NE FT. LAU VSD WARREN 2109 NE	OFFICERS N, JERRY L. E 44TH ST. DERDALE FL 333 N, JOANN E. E 44TH ST.	ed agent and title it S AND DIREC	I applicable. (N TORS DELETE	13. 1.1 TIT 1.2 NAI 1.3 STI 1.4 CIT 2.1 TIT 2.2 NAI	Agent signature requirements  ME  REET ADDRESS  Y-SY-ZIP  LE	uired when reinstalling)	DATE	DIRECTO Change	RS IN 12
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2.  OTHE  NAME  STREET ADDRESS  DITY-ST-ZIP  OTHE  NAME  STREET ADDRESS  OTY-ST-ZIP  OTHE	PTD WARREN 2109 NE FT. LAU VSD WARREN 2109 NE	OFFICERS N, JERRY L. E 44TH ST. DERDALE FL 333 N, JOANN E. E 44TH ST.	ed agent and title it S AND DIREC	I applicable. (N TORS DELETE	13. 1.1 TIT 1.2 NAI 1.3 STI 2.1 TIT 2.2 NAI 2.3 STI 2.4 CI 3.1 TIT	Agent signature required to the signature re	uired when reinstalling)	DATE	DIRECTO Change	RS IN 12 Addition
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SIGNATURE SUNHTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)763-670 Dayling Phone #

**FILED** 

Apr 07 1997 8:00am

Secretary of State