## 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 # K90071

(7)

**WOLFSON & KONIGSBURG, F** 

	•	•		,	•
٥,	A.				

## **FILED** Mar 17 1997 8:00am Secretary of State



Principal Place 4491 S. STATE SUITE 314 DAVIE FL 33314	ROAD 7	Mailing Address 4491 S. STATE ROAD 7 SUITE 314 DAVIE FL 33314-4035	4491 S. STATE ROAD 7 SUITE 314							
						3. Date Incorporated or Qualified 05/23/1989		te of Last <b>25/1996</b>		
2. Principal Pu	ace of Business	2a. Mailing Address 26				4. FEI Number 59-2535658	·	} <del> </del> -	Applied For Not Applicable	
Suite, Apt.   22	fretc	Suita, Apt #, etc.				5. Certificate of Status Desired			Additional Required	
City & State 23		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip <b>24</b>	Country 25	Zip <b>29</b>	Cour 30	itry		This corporation has liability for in Florida Statutes	ntangible Yes		s. 199.032,	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gistered A	genl		
KON	IGSBURG, ALAN H			81	Name					
4491	S. STATE ROAD 7 E 314	;	ļ	82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
1	E FL 33314		Į	<b>B</b> 3						
		:	[i	84	City		FL	85 Zij	p Code	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signifier spector or 5 oranged registered ag	e of Florida. Such change was jutions of, Section 607,0505, F and and bite of applicable (AC	s authorized Iorida Statu DIE: Registered	by ites	the corporati	oration submits this statement for the pion's board of directors. I hereby accepted when reinstating	ot the appo	ointment a	as registered	
12.		ID DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFIC				
Mit	DST WOLEON ANDDEAL	☐ DELETE	11700					L Change	e L Addition	
NAME CZOSEL IDINALS	WOLFSON, ANDREA L. 4491 S. S.R. 7, STE 314		1.2 NAM		*000000					
STREEL ADDRESS	DAVIE FL.				ADDRESS					
CITY - ST - ZIP	PD	DELETE	1.4 CIT		1-ZIP			Change	e Addition	
NAME	KONIGSBURG, ALAN H.	_ often	2.2 NAM					Junge		
STREET ADDRESS	4491 S. S.R. 7, STE 314				ADDRESS					
CITY-ST-2#	DAVIE FL		2. 4 017							
BITLE	PROPERTY OF THE PROPERTY OF TH	DELETE	3.1 TITE					Change	e 🔲 Addition	
NAME			3.2 NAM	ME						
STREET ADDRESS			3.3 STR	REET	ADDRESS					
DITY- \$1 - 74'			3.4. CIT	[Y - Ş	T-ZIP		****			
THLE		DELETE	4.1 TITL	LE				Change	Addition	
NAME			4. 2 NA	Mē						
STREET ADDRESS			4 3 STR	IEET /	ADDRESS					
CITY - \$1 - ZIP			4.4 CIT		T - ZIP			·		
गार		☐ DELETE	5.1 TITE					Change	e L. Addition	
NAME			5.2 NA							
STREET ADDRESS					ADDRESS				. ļ	
CITY - S* - ZIP		T no ere	5.4 CIT		T-ZIP			Chann	Addition	
THE		☐ DELETE	6.1 TITL					Change	e [] Addition	
NAM!			6.2 NAM							
STREET ADORESS					AODRESS					
14   rio herek	ov certify that the information sometic	nd with this filing does not gue	6.4 CiT			in Section 119 07(3)(i) Florida Statute	s I further	certify the	at the	

I do hereby certify that the information supplied with this fling does not quality 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 report eye 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 changing of the corporation of the corp

SIGNATURE: