## 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 # L50991 F.A.C.S., INC. (3)

## FILED May 06 1997 8:00am Secretary of State

ncipal Place of Business	Mailing Address	

N DENNIS C. 1 10472 TAFT 61 PEMBROKE PIN	T	% DENNIS C. HUGDAHL 10472 TAFT ST PEMBROKE PINES FL 33	026-2819					
1					<ol> <li>Date Incorporated or Qualified 02/19/1990</li> </ol>	3a. Date of 1 06/05/19		port
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Apr	olied For	
21		26		65-0331989		Not Applicable		
21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 9. Name and Address of Current		Suite, Apt. #, etc.		<b>5.</b> Certificate of Status Desired	11 77	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zφ	Count	ry	8. This corporation has liability for in		ider s.	199.032,
30	25 9. Name and Address of Currer	29	30		Florida Statutes  10. Name and Address of New Reg	Yes No		
<del></del>	DAHL, DENNIS C.	it noglatered Agent		1 Name	to. Name and Address of New Neg	Jistereu Agent		
	2 TAFT ST		L					
	BROKE PINES FL 33026		8	2 Street Addi	ress (P.O. Box Number is Not Acceptabl	lo)		
			8:	3				
<b>}</b>								
	•		8	4 City		FL 85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida State	ites, the abo	ve-named corp	poration submits this statement for the pr	rmoso of chan	ging its	registered
agent. La	egistered agent, or both, in the State im familiar with, and accept the obligi	of Florida, Such change was ations of, Section 607.0505, F	authorizeo t Iorida Statuti	by the corporal as:	tion's board of directors. I hereby accep	t the appointmo	ınt as n	egistered
ŞIGNATURE	-							
	Signature, typed or printed name of registered agr			gent signature requi	red when reinstating)	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	HUGDAHL, DENNIS C.	DELETE	1.1 THTLE			L Cr	ange	L_ Addition
NAME	10472 TAFT ST		1.2 NAME					
STREET ADDRESS	PEMBROKE PINES FL		1 3 STHE	ET ADDRESS .				
CHTY-ST-ZIP	1 Emonone I Into I E	MUCT	14 CITY-	·SI · ZIP				· <b></b>
1		☐ DETETE	2 1 11/1			□ CI	ange	Addition
NAME			2.2 NAME					
STREET ADDRESS			1	T ADDRESS				
: ÇITY-ST-ZIP : TITLE	<del> </del>	DELFIE	2. 4 CITY	-ST-ZIP		По		TT 4 2400 - 1
NAME		L lattit	3.1 1/TLE			LJ CI	ange	Addition
STREET ADDRESS			3.2 NAME					
CATY-ST-ZIP				T ADDRESS				
TITLE		DELETE	3.4. CHY 4.1 THLE	-51-211		□ cr	2000	Addition
NAME		, sec. 16	4. 2 NAM	,	•	0	ango	L'1 VOUIDI
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			4.4 CHY					
TITLE		DELETE	5.1 Till E			☐ Ch	iange	Addition
NAME		<del></del>	5 2 NAME					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP			5.4 CITY -					
TITLE		DECETE	6 1 7171.6	×		□ Cr	nange	Addition
NAME			6.2 NAME					
STREET ADDRESS				LADURESS				
CITY-ST-ZIP			64 CITY-					
14. 1 do herel	by certify that the information supplied	d with this filing does not qua	lify for the ex	emption states	d in Section 119.07(3)(i), Florida Statutes	I further certif	y that th	ne
lam an o	in indicated on this annual report or s	supplemental annual report is the receiver or trustee empor	true and acc wered to exe	curate and that	I my signature shall have the same legal rt as required by Chapter 607, Florida St	offect as if mai	do unde	or oath, that