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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000024649 (2)

FILED Apr 15 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 13730 ST. RD. 84 13730 ST. RD. 84 SUITE 305 FORT LAUDERDALE FL 33325 FORT LAUDERDALE FL 33325-5306											
- 1									ate of Last F /01/1996	of Last Report /1996	
2. Principal 21	Place of Business	2a. Mailing	g Address				4. FEI Number 65-0579515			oplied For of Applicable	
Suite, Apt. #, etc 2		Suite,	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	\$8.75 Additional Fee Required			
City & St	ate	City &	State				Election Campaign Financing Trust Fund Contribution	П		May Be to Fees	
23	Country	28 Zip		Coun	itry		8. This corporation has liability for	intangible	tax under a		
24	[25]	29		30					□ No		
	9. Name and Address of Curi	rent Registered A	gent		na T -	• I = =	10. Name and Address of New R	egistered	Agent		
	NONBERG, RALPH			1,	81 1	Name					
13730 ST. RD. 84 Suite 305 Fort Lauderdale FL 33325			Ī	B2 S	Street Addre	ss (P.O. Box Number is Not Acceptable)					
				[83						
				[3	84 (City		FL	85 Zip	Code	
SIGNATURE				Florida Statu							
12. Thu	Signature: typod or ponted name of registered				Agent s	signalure require	ed when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AN	D DIRECTOR	RS IN 12	
12. TOLE NAME STREET ADDRESS	Signs are speed or panted name of registates OFFICERS A D ARONBERG, RALPH 13730 ST. RD. 84	agent and title II applicat AND DIRECTORS	ole. (NC	TS. 1.1 TITU 1.2 NAM	Agent s LE ME REET ADI	DDRESS					
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4. To hereby certify that the information supplied with this filling does not quality for the exemption state in Section 1190/15(f), Florida Statutes. 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:

NATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

/10/97 (954) 236-6605