FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

2. Principal Place of Business	Principal Place of Business Mailing Address 1510 S.E. 17TH STREET SUITE 300 FT.LAUDERDALE FL 33316 FT.LAUDERDALE FL 33316				3. Date Incorporated or Qualified 3a. Date of Last Report		
9 Dringinal Block of Business	<u> </u>				05/18/1995	05/01/19	
 , '	f1	failing Address			4. FEI Number	-	Applied For
Sulte, Apt. #, etc.		uite, Apt. #, etc.			65-0581519		Not Applicab 75 Additional
22	27				5. Certificate of Status Desired	11 '	ee Required
City & State	28	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be
' L	· -	ip	Country	y	8. This corporation has liability for		der s. 199.032,
24 25	29 Address of Current Register	rad Aganl	30]	 -	Florida Statutes 10. Name and Address of New R	Yes No	
BARASH, ERIC J	Address of Culterit negister	ed Agent	81	Name	10. Rame and Address of New H	egistered Agent	
1510 S.E. 17TH STREET FT. LAUDERDALE FL 33316					(0.0.0)		·
			82 Street Ad		Iress (P.O. Box Number is Not Accepta	oie)	
			83				
•			84	City		85	Zip Code
11, Pursuant to the provisions of	I Sections 607 0502 and 607	1508 Florida Statute	os the show	n named cor	poration pulpraits this statement for the	FL B	ring ita rapiatara
SIGNATURE	d accept the obligations of, S ad name of registered agent and title if a OFFICERS AND DIRECTO	policable, (NOTI			poration submits this statement for the ation's board of directors. I hereby acce wired whor reinstating). ADDITIONS/CHANGES TO OFFI	DATE	
TITLE PD		DELETE	1 1 TITLE			Ch	
NAME BARASH, ERIC			1.2 NAME				·
	H STREET #300		1.3 STREE	T ADDRESS			
CITY-ST-ZIP FT. LAUDERD	ALE FL 33316	DELETE	1.4 CITY-5	ST-ZIP			Filosee.
TITLE		L. DELETE	2.1 TITLE 2.2 NAME			L. Ch	ange L Additio
STREET ADDRESS			2.3 STREET	I ADDRESS			
CITY-ST-ZIP			2. 4 CITY-				
TITLE		DELETE	3.1 TITLE	***************************************		☐ Ch	ange 🔲 Additio
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	T ADDRESS			
CITY-\$1-ZIP TITLE		DELETE	3.4. CITY-	ST-ZIP		☐ Ch	anaa I talaitia
NAME		_ Juliu	4.1 TITLE 4. 2 NAME				ange L Additio
STREET ADDRESS			4. 2 NAME 4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.3 STREET				
TITLE		DELETE	5 1 THILE			☐ Cha	ange 🔲 Additio
NAME			5.2 NAME	1			
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY - S	I-ZIP			· • • • • • • • • • • • • • • • • • • •
TITLE		DELETE	6.1 TITLE			∟ Cha	ange 🔲 Additio
NAME STREET ADDRESS			6.2 NAME	ADDDECC			
STREET AUDRESS CITY-ST-ZIP)	6.3 STREET 6.4 City - S	J			
14. I do hereby certify that the i	normation supplied with Mis t	filing does not qualif	y for the exe	mplion stated	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega	s. I further certify	that the