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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 22 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097989 (4)

Principal Place of Business Mailing Address 800 W HILLSBORD BLVD THIRD FLOOR 4161 CORAL TREE CIRCLE DEERFIELD BEACH FL 33441 368 COCONUT CREEK FL 33073-4470 US						3. Date Incorporated or Qualified 3a. Date of Last Report				
				,			12/29/1995		/18/1996	
2. Principal l	Place of Business	5	a. Mailing Address				4. FEI Number		→	oplied For
1		26					65-0628712			ot Applicable
Suite, Apt ⊒ີ	.#,eic	27	Suite, Apt. #, etc.				5. Certificate of Status Desire	d 🗆	7	Additional aguired
2 Cily & Sta	le	2/	City & State	······································			6. Election Campaign Financi	na		May Be
3		28	າ ໌				Trust Fund Contribution	'' [*] 🗀		to Fees
Ζφ	Country		Zip	Count	try		8. This corporation has liabilit			. 199.032,
4	25	29		30			Florida Statutes	Yes		
	9. Name and Addres	s of Current Reg	Istered Agent		11 Nam		10. Name and Address of Ne	w Registere	Agent	
	INS, RENEE			°	11 Nam	е				
	10 NE 7 AVE STE 32 LAUDERDALE FL 3330	•		6	2 Stree	et Addre	ss (P.O. Box Number is Not Acc	eptable)		
Fi	DADDENDALE PL 3550	~		8	13					
•				16	City			F	85 Zip	Code
11. Pursuant office or	registered agent, or both,	in the State of Flo	orida. Such change w	vas authorized	by the c	orporatio	on's board of directors. I hereby	accept the ap	pominion de	
SIGNATURE	Spicare, type doe of sed name	OFR' of regists red agent and to	An Co4; into il applicable	(NO1E: Registered A				DATE		
11, Pursuant office or agent. Its SIGNATURE	Spicare, type doe of sed name	GER	An Co4; into il applicable	(NO16: Registered A	Agent signat			DATE		
SIGNATURE 12. IIIIIE	Special State of the Angular OF ANGOTTI, GERI	of region red agent and I	prie il applicatile IECTORS DELETE	(NOTE: Registered A	Agent signat		d when reinstating)	DATE	ND DIRECTOR	RS IN 12
SIGNATURE 12. THEE NAME	PVST ANGOTTI, GERI 4161 CORAL TREE	of registed agent and InFICERS AND DIR	prie il applicatile IECTORS DELETE	(NOTE: Registered A 13. 1.1 TITL 12 NAM	Agent signat	ure required	d when reinstating)	DATE	ND DIRECTOR	RS IN 12
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