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 #

(2)

Principal Place 744 N.W. 101S PLANTATION F	T TERR	Mailing Address 744 N.W. 101ST TERR PLANTATION FL 33324-106	1		
				3. Date Incorporated or Qualified 03/04/1991	3a. Date of Last Report 05/01/1996
i '	lace of Business	2a. Mailing Address	***	4. FEI Number 65-0253524	Applied For
Suite, Apt.	# etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25		30		Yes No
OILV	9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Reg	Jistered Agent
ATON CUEDINAN CT					
SUITE B			82 Street Addr	ess (P.O. Box Number is Not Acceptable	ie)
	LYWOOD FL 33021		83		
			84 City		85 Zip Code
	to the provisions of Sections 607.05 egistered agent, or both, in the Staten familiar with, and accept the obliq	02 and 607.1508, Florida Statute e of Florida. Such change was a gations of, Section 607.0505, Flo	es, the above-named corporat authorized by the corporat orida Statutes.	oration submits this statement for the pi ion's board of directors. I hereby accep	urpose of changing its registered if the appointment as registered
SIGNATURE	Signature, typed or printed name of oxystored ag		Registered Agent signature requir		DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
THELE	PST STOCK, HARLEY V.	☐ DELETE	1.1 TITLE		Change Addition
NAME	744 N.W. 101ST TERR		1.2 NAME		
STREET ADDRESS CITY ST-ZIP	PLANTATION FL		1.3 STREET ADDRESS 1.4 City - St - Zip		
TILLE	D	DELETE	2.1 TITLE		Change Addition
NAME	STOCK, HARLEY V.		2.2 NAME		
STREET ADDRESS	744 N.W. 101ST TERR		2.3 STREET ADDRESS		
CHY-ST-ZiP	PLANTATION FL		2.4 CITY-ST-ZIP		
TOLE		☐ DELETE	3.1 TITLE		Change Addition
NAME:			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-SI-ZIP TOLE		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		bond or a control	4 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY ST ZIF			4.4 CITY+ST-ZIP		
TITLE	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	5.1 TITLE		Change Addition
NAME:	ts		5.2 NAME	•	,
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filing does not qualify 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 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 in changed, or on an attachment with an address.

SIGNATURE:

FILED

May 06 1997 8:00am

Secretary of State