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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V08171

(3)

FILED
Apr 29 1997 8:00am
Secretary of State

		Mailing Address 8900 S. FEDERAL HWY. PORT ST. LUCIE FL 3499 US	i2-3402			
				 Date incorporated or Qualified 01/17/1992 	3a. Date of La 05/01/199	
2. Principal I	Place of Business	2a. Mailing Address	7111	4. FEI Number		Applied For
21		26		65-0312443	*0.7	Not Applicable 5 Additional
Suite, Apt	; #, PtC.	27 Suite, Apr. #, 8tc.		5. Certificate of Status Desired		Pequired
City & Sta	de	City & State		6. Election Campaign Financing	\$5.	00 May Be
23		28		Trust Fund Contribution		ded to Fees
Z(p)	Country	Zip	Country	8. This corporation has liability for		ør s. 199.032,
!4	9. Name and Address of Curr	29 29 Agent	30	Florida Statutes 10. Name and Address of New R	Yes No	
RIA	NCO, LOUIS	ont nogistored Agent	81 Name	IV. Italia allo Adolese di Isan I	NO PROPERTY OF THE PROPERTY OF	
	SE ATLANTUS AVE.		44			
	RT ST. LUCIE FL 34983		82 Street A	ddress (P.O. Box Number is Not Accepta	abiej	
			83		· · · · · · · · · · · · · · · · · · ·	
			84 City		85	Zip Code
			- -		FL ° ° '	z.p 0000
office or agent 1	registered agent or both, in the Sta am familiar with, and accept the obl	ate of Florida. Such change was ligations of, Section 607,0505, I	authorized by the corporation of	corporation submits this statement for the oration's board of directors. I hereby accurate	ept the appointmen	it as registered
office or agent 1 SIGNATURE	Signature, typind or printed name of registered a	ate of Florida. Such change was ligations of, Section 607,0505, I	s authorized by the corporation of the corporation	oration's board of directors. I hereby acco	DATE	it as registered
office or agent 1 SIGNATURE	Signature: 144 of or printed name of registered in OFFICERS A	ate of Florida. Such change was ligations of, Section 607.0505, I	s authorized by the corporation of the corporation	oration's board of directors. I hereby accuration or the second of directors.	DATE	TORS IN 12
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14. I do hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address.

SIGNATURE:

CHARLES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-10-97

561 3371416