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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

1997

DOCUMENT # V36694

(0)

## FILED Mar 12 1997 8:00am Secretary of State

State Apt #, etc   State Apt #, etc   State Apt #, etc   State Desired   S8.75 Action   Fee Requirer   Fee Re	Principal Place of Business Mailing Address  10145 NW 46TH ST SUNRISE FL 33351 SUNRISE FL 33351-7959								
2. Precipital Passer of Bunners    28. Maining Address    4. Fill Number   Applied   55-04 19601   Not Applied   55-04 19601   Not Applied   55-04 19601   Not Applied   55-04 19601   Not Applied   55-04 19601   State									
Suite April # 100	2 0	Inner at Dunnar an	24 Malling Address		, <del>, , , , , , , , , , , , , , , , , , </del>		04/30/199		
Suite, Apt #, etc   Suite, Apt #, etc   Suite, Apt #, etc   Site, Apt #, etc   Site	<u> </u>	IACE OF DUSINESS	<del> </del>					Not Applicable	
City & State   City & Country   Zep	Suite, Apt	#, etc					<b>58.7</b>		
20			27			6. Certificate of Status Desired	Fee		
Zip   Country   Zip   So   So   So   So   So   So   So   S	L	e e	1						
25		Country		Countr	·	····			
Second Control   Seco	<del></del>	<u></u>	<b>├</b> ─1	<del> </del>	,			11 5. 155.032.,	
B85 CYPRESS RD SUITE 209 PLANTATION FL 33317  84 City PL SS S Zip Code  45 City PL SS Zip Code  46 City PL SS Zip Code  47 City PL SS Zip Code  48 Cit						10. Name and Address of New	Registered Agent		
SUITE 209 PLANTATION FL 33317  83  84				61	Name				
PLANTATION FL 33317    B4   City				82	Street Add	ress (P.O. Box Number is Not Accep	table)		
B4   City   FL   B5   Zip Code				83		······································			
THE PRESENTATION OF THE PROVISION OF SOCIONS 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registrated agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  THE DELETE 11 THE Change DIRECTORS IN 1  SIGNAT ACCRESS SUMRISE FL 14.5 CTV. ST. ZIP  THE DIRECTOR STATE DIRECTORS SUMRISE FL 14.5 CTV. ST. ZIP  THE DIRECTOR STATE DIRECTOR SUMRISE FL 14.5 CTV. ST. ZIP  THE DIRECTOR STATE DIRECTOR SUMRISE FL 14.5 CTV. ST. ZIP  THE DIRECTOR STATE DIRECTOR SUMRISE FL 14.5 CTV. ST. ZIP  THE DIRECTOR STATE DIRECTOR SUMRISE FL 14.5 CTV. ST. ZIP  THE DIRECTOR SUMRISE FL 15.5 CTV. ST. ZIP  THE DIRE	PLA	NIAHON PL 3331/							
11. Province to the provisions of Sections 607 0509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regulation of the corporation agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  INTEL  DELETE  1.1 THE  DELETE  1.1 THE  DELETE  2.1 THE  DELETE  2.1 THE  DELETE  2.2 SIRRET ADDRESS  CITY ST. ZIP  DELETE  2.3 SIRRET ADDRESS  CITY ST. ZIP  DELETE  3.3 SIRRET ADDRESS  CITY ST. ZIP  DELETE  3.4 CITY ST. ZIP  DELETE  3.5 SIRRET ADDRESS  CITY ST. ZIP  CHARGE ST. ZIP  C				84	City		FI 85 2	ip Code	
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CITY-ST-ZIP  6.4 CITY-ST-ZIP  1.4 Light by a decident that the information and add with this files does not multiple the operation stated in Section 130 O7(3)(i). Florida Centutes Lighter parties that the				6.4 CITY-	ST-ZIP				

4. 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 changed, or on an attachment with an address.

SIGNATURE

HAPURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2954-749-8606