4-2-91 13-3885 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-70

SIGNATURE:

Larn an officer or director of the ca appears in Block 12 or Block



FLORIDA DEPARTMENT OF STATE

FILED

Apr 02 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400002600 (2)

WEDDERBURN & JACOBS, P.A.

Principal Place of Business Mailing Address 16300 N.E. 19TH AVENUE 18300 N.E. 19TH AVENUE SUITE 208 SUITE 208 NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33182-4879 3. Date Incorporated or Qualified 3a. Date of Last Report 01/10/1994 02/20/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 16300 NE 14th AUR 65-0458481 16300 1016 Not Applicable Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite Fee Required \$5.00 May Be 6. Election Campaign Financing 23 North Miami Beuch, FC 28 North **Trust Fund Contribution** Added to Fees 6. This corporation has liability for intengible tax under s. 199.032, By U.S.A Yes No Florida Statutes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WEDDERBURN, NORMAN E MANNOUL ANDRE 16300 N.E. 19TH AVENUE 82 SUITE 208 83 NORTH MIAM! BEACH FL 33162 84 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Superior types on principlinate of registrate agent and the ill applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 Tille 111.8 WEDDERBURN, NORMAN E 1.2 NAME NAME 16300 NB 194 Ave, STE 244 16300 NE 19TH AVENUE, STE 208 1.3 STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 1.4 CITY-ST-ZIP CHY-ST-ZIP Change Addition DELETE 1IILE 2.1 TITLE JACOBS, BRUCE R 2.2 NAME NAME 16800 WE 19th Ave, STE 244 16300 NE 19TH AVENUE, STE. 208 2.3 STREET ADDRESS STREET AUDRESS NORTH MIAMI BEACH FL 2 4 CHY-ST-ZIP City St 20 DELETE Change Addition 3 1 TITLE THE NAME 32 NAME STHEET AUDRESS 33 STREET ADDRESS 34. DITY-ST-ZIP CITY: \$1,709 DELETE Change Addition 4.1 TITLE THE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-ST-ZIP (017 - 51 - 7d) DELETE Change Addition 51 TITLE HILE 5.2 NAME NAME 5.3 STREET ADDRESS STE-ELADORESS 5.4 CITY - ST - ZIP (HTY-51-2)E DELETE Change Addition 6.1 TITLE THLE 6.2 NAME NAME 6.3 STREET ADDRESS STEEF LADIOPESS

6.4 CITY - ST - ZIP

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 to 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 controllar on the receiver or distance empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNING OFFICER OR DIRECTOR