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

FILED May 05 1997 8:00am Secretary of State

cipa' Place of Business TAMARIND DR 35 LANDALE FL 33008	Mailing Address 484 TAMARIND DR #1535 HALLANDALE FL 33009-654 US	12	3. Date Incorporated or Qualified	3a. Date of L	
			02/08/1995	07/17/19	
Principal Place of Business	2a. Mailing Address	212	4. FEI Number 65-0660609		Applied For
Suite. Apt #. etc	26 484 Tame Suite, Apt. #, etc.	rital UF.		\$8	Not Applicable 75 Additional
Sec. B. Co.	27		5. Certificate of Status Desired	F	ee Required
Dity & Strate	City A Stro	I FL	Election Campaign Financing Trust Fund Contribution		0.00 May Be
Country Country	Zip	Country	8. This corporation has liability for	intangible tax un	
9. Name and Address of Curren		30 12(5	Florida Statutes 10. Name and Address of New Re	Yes WNo	
MARCILLE, DOUGLAS W	iii negistoled Agein	81 Name	10. Hame and Address of the fite	gieleleu Agoilt	
501 BRICKELL KEY DR.		62 Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
SUITE 406		83			
MIAMI FL 33131	•	83			
	/	84 City		E1 85	Zip Code
1 7		1 1			
Pursuant to the provisions of Sections 677.050	02 apd 607.1408, Florida Statute	es, the above-named co	poration submits this statement for the p	ourpose of chang	ging its registere
Pursuant to the provisions of Sections 647,050 office or registered agent or bottom by State agent I am lamiliar with and accept the pull	02 and 607.1/108, Florida Statute of Florida/Such change was a lations of Section 607.0505, Flo	es, the above-named con authorized by the corpora orida Statutes.	poration submits this statement for the pation's board of directors. I hereby accept	ourpose of chang pt the appointme	ging its registere int as registered
IATURE LAUNA PLAN	$\sim \times 1$			1/241	ging its registere int as registered
ATURE LIMINATION	eni and lite it applicable. (NOTE	es, the above-named con authorized by the corpora prida Statutes. E Registered Agent signature requirements.		//24 DATE	97
Signal of the period name of graineed of graineed of the period of the p	eni and lite it applicable. (NOTE	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICE	//24 DATE	CTORS IN 12
D KRONICK, LARRY	ent and life to infeable (NOTE ID DIRECT VRS	T3. 1.1 TITLE 1.2 NAME	ured when reinstaling)	DATE DERS AND DIRE	CTORS IN 12
ADDRESS AND ADDRES	ent and life to infeable (NOTE ID DIRECT VRS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRE	CTORS IN 12 lange Addition
ALORES SOLUTION OF PROPERTY STATE OF THE PROPERTY SOLUTION OF THE PROPE	ent and life to infeable (NOTE ID DIRECT VRS	T3. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICE	//24 DATE DERS AND DIRE CF	9 P CTORS IN 12 lange □ Addillo
ADDRESS AND ADDRES	ent and life of preable. (NOTE ID DIRECT VRS A DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	ADDITIONS/CHANGES TO OFFICE	//24 DATE DERS AND DIRE CF	9 P CTORS IN 12 lange □ Addillo
D KRONICK, LARRY 20505 E. COUNTRY CLUB DR MIAMI FL 33180	ent and life of preable. (NOTE ID DIRECT VRS A DELETE	E Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICE	//24 DATE DERS AND DIRE CF	9 P CTORS IN 12 lange □ Addillo
ADDRESS ADD	ent and lite to precible (NOTE ID DIRECT VRS IX DELETE IX DELETE I., #1535	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	ADDITIONS/CHANGES TO OFFICE	DATE DERS AND DIRE	9 P CTORS IN 12 lange
D KRONICK, LARRY 20505 E. COUNTRY CLUB DR MIAMI FL 33180	ent and life of preable. (NOTE ID DIRECT VRS A DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.1 TITLE 3.1 TITLE	ADDITIONS/CHANGES TO OFFICE	DATE DERS AND DIRE	9 P CTORS IN 12 lange
D KRONICK, LARRY 20505 E. COUNTRY CLUB DR MIAMI FL 33180	ent and lite to precible (NOTE ID DIRECT VRS IX DELETE IX DELETE I., #1535	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	ADDITIONS/CHANGES TO OFFICE	DATE DERS AND DIRE	9 P CTORS IN 12 lange □ Addition Addition
AUDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ID DIRECTURS DELETE DELET	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME	ADDITIONS/CHANGES TO OFFICE	DATE DERS AND DIRE DERS AND DIRE DERS CH	CTORS IN 12 lange Addition
ADDRESS	ent and lite to precible (NOTE ID DIRECT VRS IX DELETE IX DELETE I., #1535	Table 1 Title 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.1 TITLE 4.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4	ADDITIONS/CHANGES TO OFFICE	DATE DERS AND DIRE DERS AND DIRE DERS CH	CTORS IN 12 lange Addition
ATURE Signal 20 to police general remarket systems on a preference of the presence of the pres	ID DIRECTURS DELETE DELET	Table 1 Street Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ADDITIONS/CHANGES TO OFFICE	DATE DERS AND DIRE DERS AND DIRE DERS CH	CTORS IN 12 lange Addition
D KRONICK, LARRY 20505 E. COUNTRY CLUB DR MIAMI FL 33180	ID DIRECTURS DELETE DELET	Table 1 Street Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE	DATE DERS AND DIRE DERS AND DIRE DERS CH	CTORS IN 12 lange Addition
IATURE Signal 20 Top or protect manager gratered by FFICERS AN D KRONICK, LARRY 20505 E. COUNTRY CLUB DR MIAMI FL 33180 I ADDRESS SI- ZIP I ADDRESS	ID DIRECTURS DELETE DELET	Table 1 Street Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ADDITIONS/CHANGES TO OFFICE	DATE DERS AND DIRE DERS AND DIRE DERS CH	CTORS IN 12 lange Addition lange Addition lange Addition lange Addition
I ADDRESS	ID DIRECTURS DELETE DELETE DELETE DELETE DELETE DELETE	Table 1 Street Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE	DATE DERS AND DIRE DESCRIPTION	CTORS IN 12 lange Addition lange Addition lange Addition lange Addition
D KRONICK, LARRY 1 ALIONESS 20505 E. COUNTRY CLUB DR	ID DIRECTURS DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 TITLE 5.5 TITLE 5.5 TITLE 5.5 TITLE 5.7 TITLE	ADDITIONS/CHANGES TO OFFICE	DATE DERS AND DIRE DESCRIPTION	P P CTORS IN 12 lange
TADDRESS LADDRESS	D DIRECTURS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRE CERS AND DI	P P CTORS IN 12 ange
TADDRESS SI-ZIP	ID DIRECTURS DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRE CERS AND DI	CTORS IN 12 ange Addition ange Addition ange Addition
TADDRESS S1-ZIP TADDRESS S1-ZIP TADDRESS S1-ZIP TADDRESS S1-ZIP TADDRESS S1-ZIP	D DIRECTURS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRE CERS AND DI	P P CTORS IN 12 ange

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0114194