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

**PROFIT** CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 28 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

City & State  Country  City  Country  City  Country  Country  City  Country  A. This corporation has liability for intangible tax or Florida Statutes  Fiorida Statutes  Provide Statute	Applied For Not Applicable 5.75 Additional Fee Required 5.00 May Be idded to Fees inder s. 199.032,
2. Prencipal Place of Business	Applied For Not Applicable 3.75 Additional Fee Required 5.00 May Be idded to Fees inder s. 199.032,
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	3.75 Additional Fee Required 5.00 May Be added to Fees inder s. 199.032,
City & State  Ci	Fee Required 5.00 May Be idded to Fees inder s. 199.032,
City & State    City & State   City & State   City & State   City & State   City & State   City & State   Country   Zip   Replacement   Registered Agent   Registered   Regis	nded to Fees nder s. 199.032,
Zip	nder s. 199.032,
PEROUSON, SOTT R.  4141 NE 12 AVE. POMPANO BCH FL 33084  10. Name and Address of Current Registered Agent  FEROUSON, SOTT R.  4141 NE 12 AVE. POMPANO BCH FL 33084  22. Street Address (P.O. Box Number is Not Acceptable)  B3  B4 City FL  B5  City FL  B6  City FL  B6  City FL  B7  City FL  B6  City FL  B7  City FL	
FERQUISON, SOTT R. 4141 NE 12 AVE. POMPANO BCH FL 33084  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City  84 City  85   86 City street address of directors. I hereby accept the approximation submits this statement for the purpose of charge was authorized by the corporation's board of directors. I hereby accept the appoint agent Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  86 Street Address (P.O. Box Number is Not Acceptable)  87   88   89   80   80   81   82   83   84   85   86 City ST   86   87   88   88   89   80   80   80   80   80	
A 141 NE 12 AVE. POMPANO BCH FL 33064  B2 Street Address (P.O. Box Number is Not Acceptable)  B3 City FL  B4 City FL  B5 City B5 C	Zin Code
POMPANO BCH FL 33064  83  84 City  FL  11. Fursuam to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of charge was authorized by the corporation's board of directors. I hereby accept the appoint agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature type for probled name of registered agent and titled applicable  (NOTE Registered Agent agnature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  I 1 I TITLE  L 1 OFFICERS AND DIRECTORS  SHELL ARDRESS  CITY. SI-2IP  P  DELETE  1 I TITLE  1 I STREET ADDRESS  CITY. SI-2IP  P  DELETE  2 I TITLE  2 NAME  1 ACITY. SI-2IP  P  P  DELETE  2 I TITLE  2 NAME  4141 NE 12 AVENUE  POMPANO BCH, FL 00000  2 4 CITY. SI-2IP  TAYLOR, DIANE  SIRRET ADDRESS  SIRRET ADDRESS  1 ACITY. SI-2IP  TAYLOR, DIANE  1 ACITY. SI-2IP  1 TAYLOR, DIANE  3 ANAME  4 ANAME	Zin Coda
T1. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of char 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 appoint agent I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SignATURE  SignAture hyre to prodet name of registered agent and time diapplicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TS  WERNER, BERNIE M  12. NAME  SHRELLADDRISS  CITY ST-ZIP  THE  P  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  SATTELITE BCH FL 32937  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  2.2 NAME  4141 NE 12 AVENUE  2.3 STREET ADDRESS  CITY ST-ZIP  TAYLOR, DIANE  1.3 STREET ADDRESS  2.4 CITY-ST-ZIP  TAYLOR, DIANE  1.3 STREET ADDRESS  3.3 STREET ADDRESS	Zip Coda
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 char 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 appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature type for position byte for position agent and title if applicable.  (NOTE: Registered Agent aignature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14.1 TITLE  WERNER, BERNIE M  SUBLETABORISS  SATTELITE BCH FL 32937  14.4 CITY-ST-ZIP  DELETE  21 TITLE  PAMME  FERGUSON, SCOTT R  22 NAME  SIREET ADDRESS  CITY-ST-ZIP  DELETE  23 SIREET ADDRESS  CITY-ST-ZIP  DELETE  31 TITLE  V  DELETE  31 TITLE  J CALLETY-ST-ZIP  DELETE  31 TITLE  J CALLETY-ST-ZIP  TAYLOR, DIANE  TAYLOR, DIANE  12430 SW 10 CT  33 STREET ADDRESS  SIRRET ADDRESS  13. STREET ADDRESS  32 NAME  33 STREET ADDRESS	Zin Codo
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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 appointm agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed or publish above of registered agent and the of applicable (NOTE: Registered Agent agnature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1-ITTLE  WERNER, BERNIE M  1.2 NAME  SURELT ADDRESS  SATTELITE BCH FL 32937  DELETE  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  PRAME  FERGUSON, SCOTT R  2.2 NAME  STREET ADDRESS  SHEET ADDRESS  CITY-ST-ZIP  THE  V  DELETE  3.1 TITLE  2.3 STREET ADDRESS  CITY-ST-ZIP  THE  V  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  THE  V  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS	
NAME   WERNER, BERNIE M   1.2 NAME   1.3 STREET ADDRESS   SATTELITE BCH FL 32937   1.4 City-st-zip   TILLE   DELETE   21 Title   DELETE   2.2 NAME   STREET ADDRESS   SATTELITE BCH FL 32937   DELETE   2.2 NAME   DELETE	
STREET ADDRESS   SATTELITE BCH FL 32937   1.3 STREET ADDRESS   1.4 CITY - ST - ZIP     TITLE	hange
CITY-ST-ZIP	
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TITH   V	
NAME TAYLOR, DIANE STREET ADDRESS 12430 SW 10 CT 3.2 NAME 3.3 STREET ADDRESS	
STREET ADDRESS 12430 SW 10 CT 3.3 STREET ADDRESS	hange L Addition
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	hange Addition
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CHY-SI-ZIP 44 CHY-SI-ZIP	baama Audai
THE DELETE 51TITLE 0	hange Addition
STREEL ADDRESS 5.3 STREET ADDRES	
CITY-ST-7IP 5.4 CITY-ST-7IP	
<u> </u>	
NAME 6.2 NAME	hange
STREET ADDRESS 6.3 STREET ADDRESS	hange Addition
CITY-SI-ZiP  14. If 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 cert 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 my	hange Addition