## 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

DOCUMENT # 376062

(6)

H. FENSTER & SONS, INC.

FILED
Apr 16 1997 8:00am
Secretary of State

|--|

Principal Place of Business			N	Mailing Address				ŀ				
8200 W SUNRISE BLVD				8200 W SUNRISE BLVD								
BUITE D-5				SUITE D-5 PLANTATION FL 33322-5426								
PLANTATION FL 33322				US				3. Date Incorporated or Qualified	3a. Dat	e of Las	I Report	
								01/25/1971 02/07/1996				
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	1	·	Applied For	
21			26					59-1325830			Not Applicable	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional					
22]			27	27				<b>6.</b> Certificate of Status Desired	₩.	Fee	Required	
City & State				City & State				6. Election Campaign Financing		\$5.0	0 May Be	
23			28	8				Trust Fund Contribution	n Added to Fees			
Zip	Country			Zip Country			8. This corporation has liability for intangible tax under s. 199.03			r s. 199.032,		
24	25		29				Florida Statutes X Yes No					
		and Address of Curre	nt Regi	Istered Agent				10. Name and Address of New Re	istered A	gent		
	ISTER,HENR					81	Name					
	O NW 6TH 8			82 Street Add			Street Ad	ddress (P.O. Box Number is Not Acceptable)				
- PLAI	ntation fi	L 33317										
						83						
1						84	City			<b>B5</b> Z	ip Code	
							,		FL			
11. Pursuant	to the provision	ons of Sections 607.050	)2 and (	607, 1508, Florida	Statutes, th	e above	named co	reporation submits this statement for the p	urpose of o	changing	g its registered	
agent. La	m familiar wit	h, and accept the oblig	ations o	of, Section 607.05	505, Florida	Statutes	7 (110 CO1)2011 3.	ation's board of directors. I hereby accep	Tine appe	internet it	as registered	
SIGNATURE												
1	Signature, typed	or printed name of registered ag					ant signature req	juired when reinstating)	DATE	NDE OT	000 111 40	
12.	PD	OFFICERS AN	ID DIRE			13.	···	ADDITIONS/CHANGES TO OFFIC	<del> </del>	Chang		
TITLE		SANFORD		DELE		I.1 TITLE		•			le 🔲 Yaniian	
NAME		SUNRISE BLVD D5				.2 NAME						
STREET ADDRESS	PLANTATI						ADDRESS					
CITY-ST-ZIP	SD	ION I L		DELE		1.4 CITY - S 2.1 TITLE	17 - 71P		· · · · · ·	Chang	e Addition	
TITLE		, T. DARLEEN		المال المال					•	) Unionly	le Thronish	
NAME		SUNRISE BLVD D5		•		2.2 NAME	4000000					
STREET ADDRESS	PLANTATI	ION FI					ADDRESS					
CITY-ST-ZIP	FEMILAL	ION I L		DELE		2. 4 CITY-1 3.1 TITLE	S1-ZIP	·		Chang	e Addition	
TITLE				L. Ditte	l l		-		,		lo L'i Madrish	
NAME						3.2 NAME	ADDRESS					
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP				DELE		1.4. CITY - : 1.1 TITLE	51-711			Chang	ie Addition	
TITLE				וייין מנרנ					,	Autority	lo Fri vinderini	
NAME						I. 2 NAME	ADDDECC		" "			
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP		<del></del>		DELE		1.4 CITY - S	1-211			Chang	ge Addition	
TITLE						S.1 TITLE	1		L	Online	lo Tinguition	
NAME ATOTET ADDRESS						i.2 NAME	ADDRESS					
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP		<del></del>		DELE		5.4 CITY - S	1-711'	·	·	Chang	e Addition	
TITLE	Ç <sup>l r</sup>			☐ btrr		S.1 TITLE	1		,		Le Literation	
NAME	že.					S.2 NAME	ADODECC				Į	
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP	1				■ 6	5.4 CITY - S	1-ZIP				i i	

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 armual 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 tristed 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 attentional with an address.