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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 387562

appears in Block 12 or Block 13 if changel

SIGNATURE:

(2)

City & State  Country  City Country  Zip  Country  Zip  Country  Registered Agent  SCHARF, THEODORE  2206 CYPRESS BEND DR SO  STE 806  POMPANO BCH FL 33069  Registered Agent  Tity Fund Contribution  Name and Address of New Registered Agent  Registered Agent  Registered Agent  Registered Agent  Registered Agent  Registered Address (P.O. Box Number is Not Acceptable)  FL  85  Tity FL  85  Street Address (P.O. Box Number is Not Acceptable)  FL  86  FL  87  Signature typed or predictions 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 appointm agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  Signature typed or predictions of registered agent and title If applicable.  NOTE: Registered Agent signature required when reinstaling)  DATE  NOTE: Registered Agent signature required when reinstaling)  DATE  NOTE: Registered Agent signature required when reinstaling)  DATE	Applied For Not Applicable 3.75 Additional Fee Required 5.00 May Be Added to Fees under s. 199.032, or the second
2. Principal Place of Business	Applied For Not Applicable 3.75 Additional Fee Required 5.00 May Be Added to Fees Inder s. 199 032, ot
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  SCHARF, THEODORE  2206 CYPRESS BEND DR SO  STE 806  POMPANO BCH FL 33069  B1  City  Acceptable  B2  Street Address (P.O. Box Number is Not Acceptable)  B3  B4  City  FL  B5  B4  City  FL  B5  B7  B8  B8  B8  B8  B8  B8  B8  B8  B8	Not Applicable 3.75 Additional Fee Required 5.00 May Be Added to Fees under s. 199.032, ot
Suite, Apt #, etc    Suite, Apt #, etc   Suite, Apt #, etc.	3.75 Additional Fee Required 5.00 May Be Added to Fees under s. 199.032, bt Zip Code
City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Signaria specified agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointm agent a terrifical manufacturing with, and accept the obligations of, Section 607.0505, Florida Statutes  Signature  Si	Fee Required  5.00 May Be Added to Fees inder s. 199.032, b  t  Zip Code
City & State  Country  Trust Fund Contribution  Trust Fund Contribution  Trust Fund Contribution  Trust Fund Contribution  Replace of New Registered Agent  SCHARF, THEODORE  2206 CYPRESS BEND DR SO  STE 806  POMPANO BCH FL 33089  B4 City  FL 85  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 appointm agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  Signature hybrid or printed mane of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstalling)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. TITLE	5.00 May Be Added to Fees under s. 199.032, out
28 Trust Fund Contribution  Zip Country  Zip Country  29 30 Fiorida Statutes  9. Name and Address of Current Registered Agent  SCHARF, THEODORE  2206 CYPRESS BEND DR SO  STE 806  POMPANO BCH FL 33069  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Bay  84 City  FL 85  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 charding 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 type for predict mane of registered agent and title ill applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. PILIE  DELETE  1.1 TITLE	Added to Fees under s. 199.032, b. it
Zip Country Zip Country 30 Street Address of Current Registered Agent 10. Name and Address of New Registered Agent SCHARF, THEODORE 2206 CYPRESS BEND DR SO STE 806 POMPANO BCH FL 33069  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 appointm agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature type for protect name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstaling)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. Title	Zip Code
25 29 30 Florida Statutes Yes No.  9. Name and Address of Current Registered Agent  SCHARF, THEODORE 2206 CYPRESS BEND DR SO STE 806 POMPANO BCH FL 33069  81 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 FL  84 City  FL  85  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 chard 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 type of or printed mane of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. INTILE  DELETE  14. TITLE	Zip Code
SCHARF, THEODORE 2208 CYPRESS BEND DR SO STE 806 POMPANO BCH FL 33069  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 appointm agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature typical or pured mane of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstaling).  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. TITLE	Zip Code
SCHARF, THEOLORE 2208 CYPRESS BEND DR SO STE 806 POMPANO BCH FL 33069  82 Street Address (P.O. Box Number is Not Acceptable)  83  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 appointm agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature type for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. TITLE	'
STE 806 POMPANO BCH FL 33069  84 City  FL  85  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 appointmagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature type-discrepted agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE	'
POMPANO BCH FL 33069  84 City  FL  85  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 appointmagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature type for punted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  DELETE  11. TITLE	1 '
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THE PD DELETE 1.1 THE	
<u> </u>	Change Addition
	-
STREET ADDRESS 2206 CYPRESS BEND OR SO #808 1.3 STREET ADDRESS	
CHY-ST-ZIP POMPANO BCH FL 1.4 CHY-ST-ZIP	
TITLE DELETE 2.1 TITLE	Change
NAME SCHARF, DAVID M 2.2 NAME	
STHEET ADDRESS 71 SE 11 STREET 2.3 STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL 2.4 CITY-ST-ZIP	Change Addition
inte	PIREIRE T MODITORI
NAME SCHARF, JANET STREET ADDRESS  SCHARF, JANET  2206 CYPRESS BEND DR SO #806  32 NAME 33 STREET ADDRESS  33 STREET ADDRESS	
CITY-SI-ZIP POMPANO BCH FL 34.017Y-ST-ZIP	
	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY - ST - ZIP 4.4 CITY - ST - ZIP	
	Change Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-S1-70P	Change Addition
STREET ADDRESS  CITY-SL-7IP  6.4 CITY-SL-7IP	
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 cer 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 m I am an officer or director of the corporation or the receiver or trustee emproyered to execute this report as required by Chapter 607, Florida Statutes; and the control of the corporation or the receiver or trustee emproyered to execute this report as required by Chapter 607, Florida Statutes; and the control of the corporation or the receiver or trustee emproyered to execute this report as required by Chapter 607, Florida Statutes; and the control of the corporation or the receiver or trustee emproyered to execute this report as required by Chapter 607.	