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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(6)

FILED May 05 1997 8:00am Secretary of State

ANTIFIC - MICHINOE, INC.		
		: ILBIBO IIIO 10101 IONO IIRBI :IIII BOIIB :BILI BIBII BIBII BIBII AIDII BIBII BIBII BIBII
1 1 Di 1 1	Mary and Address and	

Principal Place of Business Mailing Address 8521 HOLLYWOOD BLVD.					-			
HOLLYWOOD FL	33019	HOLLYWOOD FL 20020-8000	3,30	19				
1601 - HOLL	SOUTH OLEAN YWOOD, FL.33,	DRIVEAGT	40	4	3. Date Incorporated or Qualified 11/10/1971	3a. Date of Last 08/05/1996		
2. Principal Pri	S, OCKAN DR	26. Mailing Address 26 / 6 0 5 0 C	EMN	DR	4. FEI Number 59-1514365	}	Applied For Not Applicable	
Suite, Apt.	#, etc. ## # 404	I Suite Apt. #, etc.	4		5. Certificate of Status Desired	Fee	Additional Required	
City & State	24 WOOD, FL	28 HOLLYWC	doc	FL	Election Campaign Financing Trust Fund Contribution	☐ Adde	O May Be d to Fees	
24 336	19 25 BROSY ASSE	129 33019 30	Country		This corporation has liability for in Florida Statutes Name and Address of New Revenue.	Yes No	s. 199.032,	
SIMO	DNS, JEROME A	HeBistolog Water .	81	Name	10. Hallo dila Addices er ken rie	grotorou 7 tgont		
	SHERIDAN STREET		82	Circot Addre	ess (P.O. Box Number is Not Acceptab	lo)		
	E 500		62	SITURI AGGIE	ess (r.o. box Number is Not Acceptab			
HOLI	LYWOOD FL 33021		83					
			1 1	City		FL	p Code	
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	l Florida. Such change was auth:	orized by 1	named corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of changing at the appointment a	gits registered as registered	
SIGNATURE								
12,	Signature, typod or printed name of registered agent OFFICERS AND		gistered Agent	signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECTO	ORS IN 12	
TITLE	PSID	DELETE	1.1 TITLE	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change		
NAME	DINES, JACK		1.2 NAME				4 March	
STREET ADDRESS	2521 HOLLYWOOD BOULEVARI		1.3 STREET A	DDRESS / E	001 SOUTH ORE.	AN UK Y	704	
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CHY-SI	ZIP #2	OCZYWOOD, FL. 3	3019		
TITLE	ASD CHARLES	☐ DELETE	21 TITLE		,	L Chang	e 🔲 Addition	
NAME	SIMONS, DAVID J. 4601 SHERIDAN ST. #500		2.2 NAME					
STREET ADDRESS	HOLLYWOOD FL 33021		23 STREET A					
CITY-ST-ZIP TITLE	D D	DELETE	2 4 CHY-ST 3 1 THLE	- ZIP		Chang	e Addition	
NAME	DINES, BURTON	L. Decere	3 2 NAME					
STREET ADDRESS	2521 HOLLYWOOD BOULEVAR) I	3.3 STREET A	DDRESS LE	BU SOUTH OCK	HIR.F	404	
CITY-ST-ZIP	HOLLYWOOD FL 33020		3.4 CITY-ST	-71P H	EDL SOUTH OCE, FL	33019		
TITLE		☐ DELETE	4 1 TITLE			☐ Criang	e Addition	
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREET A	DDRESS				
CITY-ST-ZIP			4.4 CITY - ST	- ZIP			- The Agentine	
TITLE		☐ DELETE	51 TITLE			[] Chang	e 🔲 Addition	
NAME			52 NAME					
STREET ADDRESS			53 STREET A					
CITY-ST-ZIP		DELETE	54 CHY-ST 61 THILE	- ZIP		Chang	e Addition	
TITLE	•	La Callan	62 NAME				7 10000011	
NAME STREET ADORESS			63 STREET A	IDDRESS				
1			64 CITY-ST					
CITY-ST-ZIP	ov certify that the information supplied	with this this to doos not qualify for			in Section 119.07(3)(i), Florida Statute	s. I further certify th	at the	

I do nereby certify that the information supplied with the time time does not quality for the exemption stated in Soction 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplier rental 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 corporation or the relevier or fluster 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 attachment with an address.