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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Flace of Business 707 N.W. 6TH AVE FORT LADERDALE FL 33311-7331 (9) Mailing Address 707 N.W. 6TH AVE FORT LADERDALE FL 33311-7331						
				 Date Incorporated or Qualified 03/20/1973 	3s. Date of Last R 05/01/1996	Report
า	Place of Business	2a. Mailing Address		4, FEI Number	A	oplied For
Suito Ar	pt. #. etc.	26 Suite, Apt. #, etc		59-1459883		ot Applicable Additional
3010, 14	pt. 7. Etc.	27		5. Certificate of Status Desired	1 7	equired
City & St	tate	City & State		6. Election Campaign Financing	\$5.00	May Be
l. <u>.</u>		28		Trust Fund Contribution		to Fees
Zipi 	Country	Zip	Country 30	 This corporation has liability to Florida Statutes 	or intangible tax under s	. 199.032,
	25 9. Name and Address of	29 Current Registered Agent	[30]	10. Name and Address of New R		
C	OLLINS, CHARLES		B1 Name			
	062 S E 22 AVE		82 Street Ad	dress (P.O. Box Number is Not Accepta	able)	····
PC	OMPANO BEACH FL 33062					······································
			83			•
			84 City		FL 85 Zip	Code
agent.	I am familiar with land accept the	e obligations of, Section 607.0505,	is authorized by the corpor Florida Statutes.	orporation submits this statement for the ration's board of directors. I hereby acc	ept the appointment as	registered
GNATURI	E Say aloo loped to person canas or region OFFICE	stored agent and title it applicable (N RS AND DIRECTORS	IOTE: Registered Agent signature rec		DATE ICERS AND DIRECTOR	RS IN 12
SNATURI E	E Say also based to perfect cause of reger OFFICE	litined agent and file it applicable (N	IOTE: Registered Agent signature rec 13. 1.1 TITLE	quired when reinstating)	DATE	RS IN 12
INATURI E	E Separation reported name of region OFFICE VD COLLINS, MOLLY	stored agent and title it applicable (N RS AND DIRECTORS	IOTE: Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME	quired when reinstating)	DATE ICERS AND DIRECTOR	RS IN 12
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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 made under oath; that I am an officer or director of true corporation or the receiver or trustee 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.

0269757

FILED

Apr 09 1997 8:00am

Secretary of State