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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 454478

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FILED Feb 05 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 5120 NORTH HILLS DRIVE 5120 NORTH HILLS DRIVE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-1822									
				· · · · · · · · · · · · · · · · · · ·	3. Date Incorporated or Qualified 06/10/1974	3a. Date o 03/20/		aport	
2. Principal Pl	ace of Business	2a. Mailing Address 26			4. FEI Number 59-1534968			plied For t Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	_ \$		Additional	
City & State	G	City & State			8. Election Campaign Financing		\$5.00	May Be	
Z ip	Country	28	Coun	ilry	Trust Fund Contribution 8. This corporation has liability for				
24	25 9. Name and Address of Current	29 Registered Agent	30		Florida Statutes 10. Name and Address of New Re				
5120	:NEY, M.W. D NORTH HILLS DRIVE LYWOOD FL 33021		[1	 81 Name 82 Street Ad 83 84 City 	Idress (P.O. Box Number is Not Acceptat		i5 Zip (Code	
SIGNATURE	Signature report or on all times of registrand ages	rhand teles applicable (NO DIRECTORS	TE: Registered	Agent signature rec	orporation submits this statement for the pration's board of directors. I hereby accel guired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DI	RECTOR	IS IN 12	
NAME STREET ADDRESS CITY-SY-ZIP	PD CHENEY, M.W. 5120 NORTH HILLS DRIVE HOLLYWOOD FL	DELETE		-		LJ	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIF	VST CHENEY, M.W. 5120 NORTH HILLS DRIVE HOLLYWOOD FL	☐ DELETE	2.1 TITE 2.2 NAM 2.3 STR	E			Change	Addition	
TITLE NAME STREET AODRESS CITY: \$1 - ZIP		DELETE	31 TITL 32 NAM 33 STR	.E			Change	Addition	
IIILE NAME STREEL ADDRESS CITY STAZIP		DELETE	4.1 TITL 4.2 NA 4.3 STR	.E			Change	Addition	
TITLE NAME STREET ADDRESS CITY: ST-ZIF		☐ DELETE	5.1 TITE 5.2 NAM 5.3 STR	E			Change	Addition	
TITLE NAME STREET ACTORESS CITY - ST - ZIP		DELETE	6.1 TITU 6.2 NAM 6.3 STR	.F			Change	Addition	

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 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 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 or the attachment with an address.

SIGNATURE:

OFFICER OF DRECTOR CHERC

Daytime Phone #