## 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 # 486983

MORROW, GELMAN & NIELSON, P.A.

(0)

## **FILED** Jan 23 1997 8:00am Secretary of State



Principal Pla 8966 SW 6TI SUITE #1 MIAMI FL 33 US		ss. ✓	Mailing Address 8966 SW 87TH CT. SUITE #1 MIMI FL 33176-2225 US						
UG			00				3. Date Incorporated or Qualified 10/01/1975	3a. Date of Last R 03/01/1996	eport
2. Principal	Place of Busi	iness	2a. Mailing Address				4. FEI Number 59-1622545	Ar	oplied For of Applicable
Surte, Apt. #, etc. Surte, Apt. #, etc. 27					1	5. Certificate of Status Desired See Required Fee Required			
City & St.	late		City & State			<del> </del>	Election Campaign Financing     Trust Fund Contribution	\$5.00	May Be to Fees
Z <sub>i</sub> p		Country 25	7(D)	30 Cou	ntry		8. This corporation has liability for li	ntangible tax under s Yes No	. 199.032,
			rent Registered Agent				10. Name and Address of New Reg	jistered Agent	
M	IORROW, ST	EPHEN E	•		81	Name			
8966 SOUTHWEST 87TH COURT 30 16 12 11, MIAMI FL 53176					82	Street Addre	ess (P.O. Box Number is Not Acceptab	ө)	
					83				
					84	City		FL 85 Zip	Code
11, Pyrsuar	nt to the provi	sions of Sections 607.0	502 and 607, 1508. Florida St	atules, the a	oove ∋voc	-named corp	oration submits this statement for the p	urnose of changing it	ts registered
office o agent l	or registered a Lani familiar v	gent, or both lin the Sta vith, and accept the ob	ate of Horida. Such change w lightions of, Section 607.0505	as authorize , Florida Stal	d by utes	tne corporati	ion's board of directors. I hereby accep	t the appointment as	registered
SIGNATURI	E S	Manual Manual Andrea	en c					1/10/07.	
40	September 1419	· · · · · · · · · · · · · · · · · · ·	a sent and tille it approvable AND DIRECTORS		d Age	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DAR.	20 INI 40
<b>12.</b>	PD	OTTIOTAS	DELFTE	13.	TI F	<del></del>	ADDITIONS/CHANGES TO OFFIC	Change	Addition
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NAME		n, richard		22 N	AME				
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	3.3					T-ZIP			
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CTOSCI ANODIC	ec i			6.2 N		ADDRESS			
STREET ADORES	SS			638	TREET	ADDRESS			

14. If do hereby certify that the information supplied with this bling does not quality 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 on an attachment with an address.

SIGNATURE: