## 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 # 544226

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FILED
Apr 03 1997 8:00am
Secretary of State

1. Corporation	ASSOCIATES, INC.	Mailing Address P.O. BOX 4683 FT. LAUDERDALE FL 33 US	338-4683					
US	10000	••			3. Date Incorporated or Qualified 3 08/31/1977	3a. Date of Last R 07/30/1996	eport	
2. Principal i	Place of Business	2a. Mailing Address		<del></del>	4. FEI Number 59-1770014		oplied For ot Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.		***	5. Certificate of Status Desired	60 75	Additional	
City & Sta	ale	City & State		***************************************	6. Election Campaign Financing Trust Fund Contribution	\$5.00	······	
Z(p)	Country 25	Zip 29	Count	ſy	8. This corporation has liability for inta			
	9. Name and Address of Curr				10. Name and Address of New Regist	lered Agent		
	NDT, DWIGHT W		8	1 Name				
	120 E OAKLAND PK BLVD Suite 105			2 Street Add	dress (P.O. Box Number is Not Acceptable)			
FT	LAUDERDALE FL 33334		8:	3				
			8	1 - 7		<b></b>	Code	
SIGNATURE	Signature, typed or pentiod name of registered a				poration submits this statement for the purp ation's board of directors. I hereby accept if the directors in the state of the state of the state of the direct when reinstaling.	DATE		
TITLE			1.1 TITLE			Change	Addition	
NAME	JUNDT, DWIGHT W		1.2 NAM	£			,	
STREET ADDRESS	120 E OAKLAND PK BLVD		1.3 STRE	ET ADDRESS			Addition	
City-St-7iP	FT LAUDERDALE FL		1,4 City	-ST-ZIP				
TITLE	PD DATE O	DELETE	2.1 TITLE			L. Change	Addition	
NAME	JUNDT, DALE G 120 E OAKLAND PARK BLVI	n	2.2 NAM	i i	1 pt		}	
STREET ADDRESS	FT LAUDERDALE FL	v.	2.3 STRE 2. 4 City	ET ADDRESS				
CHY-S1-ZIF TILE		DELETE	3.1 TIFLE			☐ Change	Addition	
NAME			3 2 NAM	į.				
STREET ADOPESS			a.3 STRE	ET ADDRESS				
CHY-SI 7IP			3.4. CITY					
TIFLE		L] DELETE	4.1 TITLE	j j		L Change	Addition	
NAME OTHER PROPERTY			4. 2 NAM	ET ADDRESS			ļ	
STREET ADDRESS CITY ST-ZIF			4.3 STR.	1				
FILE		DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAM	E	•			
STREET ADURESS			5.3 STRE	ET ADDRESS				
CITY - S1 - ZiP			5.4 CITY	-ST-ZIP				
TITLE		DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAM	l l				
CIDELS After CC	1		. Cactor	ET ANNOESSE			ſ	

14. I do hereby certily 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 inducated 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.

6.4 CITY+S1-ZIP

SIGNATURE:

SIGNING OFFICER OF DIRECTOR G. JUNE Date Date Descriptions