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 # 546404

NESS AND NUNBERG, C.P.A., P.A.

(5)

FILED
May 01 1997 8:00am
Secretary of State



Principal Place of Business Mailing Address 420 LINCOLN ROAD MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-3019	
3. Date Incorporated or Qualifi 08/09/1977	3a. Date of Last Report 04/23/1996
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 59-1756809	Applied For Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	S8 75 Additional
City & State City & State 6 Flection Comparing Financia	
28 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation has liability	for intangible tax under s. 199.032,
24 25 29 30 Florida Statutes	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New	/ Registered Agent
NESS, GERALD J. 81 Name	
420 LINCOLN RD. #235 MIAMI BEACH FL 33139 82 Street Address (P.O. Box Number is Not Acce	ptable)
83	
84 Citý	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for to office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE Signature, typed or printed name of registered agent and talk if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
	FFICERS AND DIRECTORS IN 12
TITLE PSD DELETE 1.1 TITLE	Change Addition
NAME NESS, GERALD J. 12 NAME	-
STREET ADDRESS 420 LINCOLN RD. #235	
CITY-ST-ZIP MIAMI BEACH FL 14 CITY-ST-ZIP	•
TILE DELETE 2.1 TITLE	Change Addition
NAME NUNBERG, VICTOR L 22 NAME	
STREET ADDRESS 420 LINCOLN RD. #235 23 STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL 2.4 CITY-ST-ZIP	
TITLE DELETE 31 TITLE	Change
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 34. CITY-SI-ZIP TITLE DELETE 4.1 TITLE	Change Addison
TITLE LATITUE LA DELETE ALTITUE LA	Change Addition
NAME 4.2 NAME	
NAME \$TREET ADDRESS 4.2 NAME 4.3 STHEET ADDRESS	
NAME 4.2 NAME STREET ADDRESS 4.3 STHEET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP	Change Addition
NAME 4.2 NAME STREET ADDRESS 4.3 STHEET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE	Change Addition
NAME 4.2 NAME STREET ADDRESS 4.3 STHEET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 III.E NAME 5.2 NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME 4.2 NAME STREET ADDRESS 4.3 STHEET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 III.E NAME 5.2 NAME	Change Addition
NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 INLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP	
NAME	

14. 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 on an attack nient with an address.

NONATURE. M. O. I. MAN

4/24/57 205677 670