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PROFIT CORPORATION ANNUAL REPORT

1997

CITY ST JAP

information indicated on this annual repor



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **547470**

(5)

ROBERT E. HUEBNER, P.A. Principal Plane of Brisiness Mailing Address 321 SOUTHEAST FIFTEENTH AVE. 321 SOUTHEAST FIFTEENTH AVE. FORT LAUDERDALE FL 33301-2366 FORT LAUDERDALE FL 33301 3. Date Incorporated or Qualified 3a. Date of Last Report 02/13/1996 10/01/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1766245 Not Applicable Saite Aut #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State: 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔀 No Florida Statutes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUEBNER, ROBERT E 321 S.E. FIFTEENTH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 83 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bolh, in the State of Fiorita. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELETE Change Addition 1.1 TOTAL 100 HUEBNER, ROBERT E. $h\Delta V^2$ 1.2 NAME 321 S.E. FIFTEENTH AVE. 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CGY SI 1 4 C(1Y - ST - Z)P DELETE Change Addition 2 1 TITLE 31166 NAM: 2.2 NAME 2.3 STREET ADDRESS STREET AUGUSTS OW SE-ZP 2.4 CITY - ST - ZIP DELETE ☐ Change Addition 3.1 THILE TILLS $L\mathcal{L}M$ 3.2 NAME SBREE ADDRESS 3.3 STREET ADDRESS 3.4 C(TY-ST-2IP D. DY-52 JUL DELETE ___ Addition 4.1 Till E THE NAM: 4. 2 NAME 4.3 STREET ADDRESS STREET ADDISEST 4.4 CITY - ST - ZIP CTY 51 701 DELETE Addition THIF 51 TITLE NAM: 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS: CIY SLIZE 54 CITY-ST-ZIP DELETE Change ☐ Addition 61 THUE BULL NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESSS

upplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the Mulver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Jachment with an address SIGNATURE

14. Lea hercey certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

64 CITY-ST-ZIP

Feb. 28, 1997 954/467-2000

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FILED

Mar 13 1997 8:00am

Secretary of State