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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 553582

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| Apr 10 1997 8:00am | Ì |
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| Secretary of State | |

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| Corporation | e of Business | | Mailing A 2701 OAK APT 1410 | BROOK MANOF | | | 3 | Date Incorporated or Qualified 09/21/1977 | 3a. D | ate of Last F | |
|---|---|--|---------------------------------------|---|--|---|------------------------|---|------------|-------------------------------|--|
| 2. Principal P | Place of Business | | 2a. Mailing | g Address | | 711-1 | 4 | FEI Number | | | oplied For |
| 21 | | | 26 | | | | | 59-1770743 | | | ot Applicable |
| Suite, Apt | #, etc | | Suite, | Apt. #, etc. | | | 5 | Certificate of Status Desired | × | | Additional equired |
| City & State | e | | City & | State | | | 6 | Election Campaign Financing | <u></u> | | May Be |
| 23 Zup | | ountry | 28 Zip | | Cou | ntor | | Trust Fund Contribution | | | to Fees |
| Zip 24 | 25 | Ouritry | 29 | | 30 | ritry | 8 | This corporation has liability for Florida Statutes | intangible | | i. 199.032 _i |
| 24 | | ddress of Curren | | loent | 1301 | | | . Name and Address of New Ro | - | | |
| ZUK | CKERMAN, DONA | | | | | 81 Name | | | | | |
| 270 |) 1 OAKBROOK M | ianor | | | | 82 Street A | Address (| P.O. Box Number is Not Accepta | ble) | | |
| FI. | LAUDERDALE FI | L 33332 | | | | 83 | | ************************************** | | | |
| | | | | | | | | | | 1-1-1- | |
| | | | | | | 84 City | | | FL | 85 Zip | Code |
| office or r agent Ta | registered agent, or am familiar with, and | both, in the State accept the obliga | of Florida. Suc ations of, Section | 8, Fforida Statu h change was on 607.0505, Fr | tes, the al authorize orida Stat | pove-named of d by the corp utes. | corporati oration's | on submits this statement for the board of directors. I hereby acce | purpose o | cointment as | registered |
| SIGNATURE | registered agent, or am familiar with, and Signature typed or printer | | eot and title if applical | | | pove-named of by the corputes. | | | DATE | | |
| | Signature typed or printe | d name of registered age OFFICERS ANI | eot and title if applical | | TE: Registere | d Agent signatura i | | an reinstalling) | DATE | | |
| SIGNATURE | Signature typed or printer PD ZUCKERMAN, | OFFICERS AND | eot and title if applical | ble (NOI | TE: Registerer | d Agent signature i | | an reinstalling) | DATE | D DIRECTOR | RS IN 12 |
| SIGNATURE 12. TIFLE | PD ZUCKERMAN, 2701 OAKBRO | OFFICERS AND DONALD S. DOK MANOR | eot and title if applical | ble (NOI | TE: Registera 13. 1.1 TI | d Agent signature i | | an reinstalling) | DATE | D DIRECTOR | RS IN 12 |
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If the hereby 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 information undicated 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 12 or Block 12 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

 e_{3} , H_{-1-9}

(954) 389 0136 Bayline Priore #