COR ANNU	LE NOW: FILING FE PROFIT PORATION JAL REPORT 1997	FLORIDA Sa	ER MAY 1 IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED May 02 1997 8:00a Secretary of State		
ELECTRI			AL				
					3. Date Incorporated or Qualified 06/26/1978	3a. Date of Last Ro 03/01/1996	
Principal Place of Business			2a. Mailing Address		4. FEJ Number 59-1867192	ليشيبه مسار	plied For t Applicable
Suite, Apt. #, etc.		26 Suite, Apt #,	Suite, Apt #, etc.		5. Certificate of Status Desired	<u>∽ \$8.75</u> A	dditional
City & State	A	27 City & State			6. Election Campaign Financing	Fee Re \$5.00	<u> </u>
		28			Trust Fund Contribution	Added t	o Fees
Zip	Country 25	Zip) 29	30	Gountry	 This corporation has liability for Florida Statutes 	r intangible tax under s.	199.032,
	25 9. Name and Address of Curr		30		10. Name and Address of New R		
	BROKE PINES FL 33025	502 and 607 1508, Florid	ta Statulos, t	63 84 City	ress (P.O. Box Number is Not Accepte	FL 85 Zip C	
noori i -		ate of Florida, Such chan	ge was auth	orized by the corpora	poration submits this statement for the ition's board of directors. I hereby acce	purpose of changing its ept the appointment as	s registered registered
IGNATURE	m familiar with, and accept the ob Signature, typed or printed name of registered			ne anove-named cor orizod by the corpora a Statutes. getered Agent signature requ		DATE	
IGNATURE	Signature, typed or printed name of registered OFFICE.RS /		(NOTE: Re-	gistered Agent signature (equ 13.		DATE	
IGNATURE 2. TLE WIE TREET ADDRESS	Signature, typed or printed name of registered	agent and tile if applicable	(NOTE: Re-	getered Agenc signature requ	ired when reinstating)	DATE	S IN 12
GNATURE L LE ME REET ADDRESS IV-ST-ZIP LE ME REET ADDRESS	Signature, typed or printed name of region red OFFICE RS / DREYFUSS, JEROME S. 830 S HOLLYBROOK DR PEMBROKE PINES FL VTD DREYFUSS, KENNETH M. 3591 SW 68TH TERR	agent and tile if applicable	(NOTE - Re	13. 1.1 THLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 THLE 2.2 NAME 2.3 STREET ADDRESS	ired when reinstating)	DATE	S IN 12
GNATURE LE ME REET ADDRESS (Y-ST-ZIP LE ME REET ADDRESS (Y-ST-ZIP LE ME REET ADDRESS	Signature, typed or printed name of region red OFFICE RS / DREYFUSS, JEROME S. 830 S HOLLYBROOK DR PEMBROKE PINES FL VTD DREYFUSS, KENNETH M.	agent and the it applicable AND DIRE CTORS	(NOTE-Re-	and the second sequence requires a sequence	ired when reinstating)	DATE ICERS AND DIRECTOR	S IN 12
GINATURE LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS REET ADDRESS	Signature, typed or printed name of region red OFFICE RS / DREYFUSS, JEROME S. 830 S HOLLYBROOK DR PEMBROKE PINES FL VTD DREYFUSS, KENNETH M. 3591 SW 68TH TERR	agent and the flapple.able	(NOTE HAS	and the second sequent sequence requires the second sequence requires the second second sequence requires the second sequence requires the second s	ired when reinstating)	DAIE ICERS AND DIRECTOR Change	S IN 12 Addition
GINATURE	Signature, typed or printed name of region red OFFICE RS / DREYFUSS, JEROME S. 830 S HOLLYBROOK DR PEMBROKE PINES FL VTD DREYFUSS, KENNETH M. 3591 SW 68TH TERR	agers and the diapplicable	(NOTE HAS	a-ternet Agene signature requ 13. 1.1 THLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4. CITY-ST-ZIP 4 1 TITLE 4. 2 NAME	ired when reinstating)	DAIE ICERS AND DIRECTOR Change Change Change Change	S IN 12 Addition