## 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 # 595339

(3)

MARTIN F. LING, C.P.A., P.A.

•

Principal Place of Business

Mailing Address

8550 W. FLAGLER ST. SUITE 109 MIAMI FL 33144 8550 W. FLAGLER ST. SUITE 109 MIAMI FL 33144-2037

FILED Mar 28 1997 8:00am Secretary of State



MIAMI PL 331	177	WILLIAM IE ON LATERS.							
					3. Date Incorporated or Qualified 11/20/1978 3a. Date of Last Report 05/01/1996			Report	
2. Principal	Place of Business	2s. Mailing Address	Address			4. FEI Number		A	oplied For
21	26				59-1864592		N	ot Applicable	
Suite, Ap	ot #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		,	Additional
22		27							equired
City & St	Mile	City & State				6. Election Campaign Financing			May Be
23	T Country	28	T 000	intry		Trust Fund Contribution	Ц		to Fees
Zip	Country	Zip	30	,iiiiy	l.	8. This corporation has liability for i		tax under a ☑ No	199.032,
24	25 g. Name and Address of Cur	[29] rent Registered Agent	30	т-		10. Name and Address of New Re-		****	·
	NG, MARTIN F CPA			81	Name				
	50 W. FLAGLER ST., STE. 109			L					
	AMI FL 33144			82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
MI	MMI FE 33 144			83					
				84	City		FL	<b>85</b> Zip	Code
dd Chuana	of the the previous of Costons 607.	05.02 and 607 15.00 Florida Pto	tuton the o	L.	L samad san	poration submits this statement for the p	140000 0	l obonoino i	to ropintared
SIGNATURE						red when reinstaling)	DATE		
12.	NAME OF TAXABLE PARTY O	AND DIRECTORS	13.		sit og and regar	ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 T	ITLE				Change	☐ Addition
NAME	LING, MARTIN F CPA		1.2 N	AME					
STREET ACORES	AREA IN CLANIN OF HANA		1.3 S	TAEET	T ADDRESS				
CITY-ST-Zii	MIAMI FL		1		ST-ZIP				
TITLE		☐ DELETE	2.1 7					Change	Addition
NAME			2.2 N	AME					
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NAMÉ			3.2 N	IAME					
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TITLE		L'1 DETEUE	611					Change	L'1 Applica
NAME:			62 N						
STREET ADDRES	55				T ADDRESS				
CITY - \$1 - ZIP			6.4 C	ITY - S	ST-ZIP				

14. To 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 charged, or on an attachment with an address.

SIGNATURE:

HIGH THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOLLAR 