## **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 # 602/31

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fill last	A CAMPAGE AND A				
Principal Plac	e of Business	Mailing Address	<u> </u>	1 000  0. \$  0  TOILD   00 TOILD   010   010   010   010   010   010   010   010   010   010   010   010	III OLOH SION OIDII DIDII IBU
1541 BUNSET 2ND FLOOR C CORAL GABLE	ORAL GABLES FEDERAL BLDG	1541 SUNSET DRIVE 2ND FLOOR CORAL GABLES CORAL GABLES FL 33143-57			
				10/01/1970 0	Date of Last Report 4/10/1996
2. Principal P	Place of Business	2a. Mailing Address		<b>4.</b> FEI Number <b>59-1302622</b>	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	6	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 3	Country	8. This corporation has liability for intangit Florida Statutes Yes	ole tax under s. 199.032,
	9, Name and Address of Current		<u> </u>	10. Name and Address of New Registere	
HOF	RWICH, RICHARD J		B1 Name		
1541 SUNSET DRIVE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
COF	RAL GABLES FL 33143				
			83		
			84 City	F	85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligat	and 607.1508, Florida Statutes I Florida. Such change was aut ions of, Section 607.0505, Florid	the above-named corporation of the corporation of t	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE	Signature, typed or printed name of registured agent	and title if applicable. (NOT)	registered Agent signature require	d when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	[_] DELETE	1.1 TITLE		Change Addition
NAME	HORWICH, RICHARD J 1541 SUNSET DRIVE		1.2 NAME		}
STREET ADDRESS	CORAL GABLES, FL 00000		1.3 STREET ADDRESS		
CITY-ST-ZIP	SD SD	☐ DELETE	1.4 CHY-S1-ZIP	<u> </u>	Choops Addition
TITLE	ZAGER, IRA	☐ btitit	2 1 111LF		Change L Addition
NAME STREET ADDRESS	1541 SUNSET DRIVE		2.2 NAME		
CITY-ST-ZIP	CORAL GABLES, FL 00000		2.3 STREET ADDRESS 2.4 City-St-Zip		
TITLE	V	DELETE	3.1 TITLE		Change Addition
NAME	HORWICH, MITCHELL	<del>-</del>	3.2 NAME		
STREET ADDRESS	1541 SUNSET DRIVE		3.3 STREET ADDRESS		
CITY-\$T-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 10 LE		☐ Change ☐ Addition
NAME	HORWICH, FRANCINE		4. 2 NAME		
STREET ADDRESS	1541 SUNSET DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		<i>'</i>
STREET ADDRESS			5.3 STREET ADDRESS		)
CITY-ST-ZIP		DELETE	5.4 C(TY-ST-7/P		Change Address
TITLE		∟ Deter	6.1 TITLE		Change Addition
NAME ADDRESS			6.2 NAME		j
STREET ADDRESS		!	6.3 STREE1 ADDRESS		

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 eath; 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 chapted, or on an attachment with an indones.

SIGNATURE:

4/11/97

(305) 666-5299

**FILED** 

Apr 21 1997 8:00am

Secretary of State