COF	PROFIT RPORATION UAL REPORT <b>1997</b>		Sandra Secre	ARTMENT OF STATE <b>B. Mortham</b> atary of State F CORPORATIONS	Apr 25 1 Secreta	.997 8:0 ary of S	
	MENT # 60 & SCHWARTZ, D.		(0)				
icipal Place of Business S. FEDERAL HWY LYWOOD FL 33020		1	Mailing Address 1011 S. FEDERAL HWY HOLLYWOOD FL 33020-6025				
					3. Date Incorporated or Qualified 05/10/1971	3a. Date of Last F 03/21/1996	Report
'rincipal F	Place of Business	2	a. Mailing Address		4. FEI Number 59-1346688	····}	pplied For ot Applicable
Suite, Apt	#, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional legulred
City & Stat	te	27	City & State		6. Election Campaign Financing	\$5.00	May Be
Ζιρ	Cour	28 Itry	a] Zip	Country	Trust Fund Contribution 8. This corporation has liability fo		to Fees
	25 0. Nome and Add	ress of Current Reg	9	30		Yes No	
LEV	IN, LAWRENCE	1885 OF CUITBIL Neg	Jisteled Agent	81 Name	10. Hanis Bill Address of How I	iogistorou Agent	
101				1 1			
	1 S. FED. HWY			82 Street Add	Iress (P.O. Box Number is Not Accepti	able)	
	I S. FED. HWY LLYWOOD FL 33020	)		82 Street Add	ress (P.O. Box Number is Not Accept	able)	
HÔL	LLYWOOD FL 33020	7	1 607/1506, Florida Stal	83 84 City	· · · · · · · · · · · · · · · · · · ·	FL 65 Zip	Code its registered s registered
HOL Pursuant office or l agent 1 a	to the provision of Sanata	7	title it applicable (N	83 84 City	poration submits this statement for the tion's board of directors. I hereby acc	FL 65 Zip purpose of changing i ept the Appointment as 4/15 /97	its registered s registered
HOL Pursuant office of 1 agent 1 a	to the provision of Se registered open, or be an famil a with, and au Fundation types of providing to PD	octions 607.0502 and th, in the State of Flo ccept the obligations of reparted age and OFFICERS AND DIR	title it applicable (N	83 84 City tutes, the above-named cor is authorized by the corpora Floerta Stattes. 10TE: Registeria Agent signature required 13. 11 TiTLE	poration submits this statement for the tion's board of directors. I hereby accu	FL 65 Zip purpose of changing i ept the Appointment as 4/15 /97	its registered s registered RS IN 12
HOL Pursuant office or agent 1 a NATUB	to the provision of Se registered upon, or be an famil a with, and a Several upon or preved or	ections 607.0502 and th, in the State of Flo coopl the obligations of legistered agen and OFFICERS AND DIR	title if applicable (N RECTORS	83 84 City tules, the above-named cor is authorized by the corpora Flogta Status. KOTE: Registered Agent signature required 13.	poration submits this statement for the tion's board of directors. I hereby accu	FL 65 Zip purpose of changing ept the appointment as 4/15 /97 DATE ICERS AND DIRECTOR	its registered s registered RS IN 12
HOL Pursuant office or agent 1 a NATUBE LADDRESS S1-7P	to the provision of Santa and and and and and a with, and a solution of the provision of the santamit and with, and and and the santamit and with and	ections 607.0502 and th, in the State of Flo coopl the obligations of legistered agen and OFFICERS AND DIR	title if applicable (N RECTORS	83 84 City tutes, the above-named cor is authorized by the corpora Floated Statles. 40TE: Registrad Agent signature required 13. 11 TiFLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	poration submits this statement for the tion's board of directors. I hereby accu	FL 65 Zip purpose of changing ept the appointment as 4/15 /97 DATE ICERS AND DIRECTOR Change	its registered s registered RS IN 12
HOL Pursuant office or i agent 1 a vatue tabless st-zie	to the provision of Social Soc	ections 607.0502 and th, in the State of Flo coopl the obligations of legistered agen and OFFICERS AND DIR	title if applicable (N RECTORS	83 84 City tutes, the above-named cor is authorized by the corpora Floate Statles. 40TE: Registred Agent signature required 13. 11 TirLE 12 NAME 1.3 STREET ADDRESS	poration submits this statement for the tion's board of directors. I hereby accu	FL 65 Zip purpose of changing ept the appointment as 4/15 /97 DATE ICERS AND DIRECTOR	its registered s registered RS IN 12
HOL Pursuant office or agent 1 a NATUB TADDRESS ST-ZP	to the provision of Social Soc	ections 607.0502 and th, in the State of Flo coopl the obligations of legistered agen and OFFICERS AND DIR	title if applicable (N RECTORS	83       84       City       tutes, the above-named corris authorized by the corpora       Floats States.       AOTE: Regist ad Agent signature required       13.       11 TirLE       12 NAME       13. STREET ADDRESS       14 City-ST-ZIP       21 TirLE	poration submits this statement for the tion's board of directors. I hereby accu	FL 65 Zip purpose of changing ept the appointment as 4/15 /97 DATE ICERS AND DIRECTOR Change	its registered s registered RS IN 12
HOL Pursuant office or 1 agent 1 a NATUB IT ADDRESS S1-ZP	to the provision of Social Soc	ections 607.0502 and th, in the State of Flo coopl the obligations of legistered agen and OFFICERS AND DIR	title if applicable (N RECTORS	83       84       City       tutes, the above-named corsis authorized by the corporation of the corpo	poration submits this statement for the tion's board of directors. I hereby accu	FL 65 Zip purpose of changing ept the appointment as 4/15 /97 DATE ICERS AND DIRECTOR Change	its registered s registered RS IN 12
HOL Pursuani office or agent 1 a NATUB TAODRESS \$1-20 H ADDRESS \$1-20	to the provision of Social Soc	ections 607.0502 and th, in the State of Flo coopl the obligations of legistered agen and OFFICERS AND DIR		83       84       City       tutes, the above-named corsis authorized by the corporation of the corpo	poration submits this statement for the tion's board of directors. I hereby accu	FL     65     Zip       purpose of changing i       ept the appointment as       4/15     97       DATE       ICERS AND DIRECTOR       Change	Its registered s registered RS IN 12 Addition
HOL Pursuani office of 1 agent	to the provision of Social Soc	ections 607.0502 and th, in the State of Flo coopl the obligations of legistered agen and OFFICERS AND DIR		83       84       City       tutes, the above-named cores authorized by the corpora       Floeta States.       11 Title       12 NAME       13 STREET ADDRESS       14 City-St-ZiP       21 Title       22 NAME       23 STREET ADDRESS       24 City-St-ZiP       31 Title       32 NAME       33 STREET ADDRESS	poration submits this statement for the tion's board of directors. I hereby accu	FL     65     Zip       purpose of changing i       ept the appointment as       4/15     97       DATE       ICERS AND DIRECTOR       Change	Its registered s registered RS IN 12 Addition
HOL Pursuani office of 1 agent	to the provision of Social Soc	ections 607.0502 and th, in the State of Flo coopl the obligations of legistered agen and OFFICERS AND DIR		83       84       City       tutes, the above-named corrist authorized by the corporal Flogtar Stattes.       10       11       12       13       11       13       11       13.       11       13.       11       13.       11       13.       14       13.       15.       14       13.       15.       14       17.       15.       14       17.       15.       14       17.       15.       16.       17.       17.       18.       19.       11.       11.       12.       13.       11.       11.       12.       13.       11.       14.       17.       17.       18.       18.       19.       21.       11.       11.       11.       12.       13.       11.       11.       11. <tr< td=""><td>poration submits this statement for the tion's board of directors. I hereby accu</td><td>FL     65     Zip       purpose of changing i       ept the appointment as       4/15     97       DATE       ICERS AND DIRECTOR       Change</td><td>Its registered s registered RS IN 12 Addition</td></tr<>	poration submits this statement for the tion's board of directors. I hereby accu	FL     65     Zip       purpose of changing i       ept the appointment as       4/15     97       DATE       ICERS AND DIRECTOR       Change	Its registered s registered RS IN 12 Addition
HOL Pursuant office of L agent La NATUBE FLADDRESS S1-ZP HLADDRESS S1-ZP HLADDRESS S1-ZP	to the provision of Social Soc	ections 607.0502 and th, in the State of Flo coopl the obligations of legistered agen and OFFICERS AND DIR	Inte it applicable (N IECTORS	83       84       City       tutes, the above-named correst authorized by the corporal Floates States.       Floates States.       11 Title       12 NAME       13 STREET ADDRESS       14 CITY-ST-ZIP       21 TITLE       23 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP       3.1 TITLE       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	poration submits this statement for the tion's board of directors. I hereby accu	FL     65     Zip       purpose of changing i       ept the appointment as       4/15     97       DATE       ICERS AND DIRECTOI       ICERS AND DIRECTOI       ICERS Change       Change       Change	Its registered s registered RS IN 12 Addition
HOL Pursuant office or agent 1 a NATUBE FLADORESS S1-2P ELADORESS S1-2P ELADORESS S1-2P	to the provision of Social Soc	ections 607.0502 and th, in the State of Flo coopl the obligations of legistered agen and OFFICERS AND DIR	Inte it applicable (N IECTORS	83       84       City       tutes, the above-named cores authorized by the corpora       Floetta States.       11 Title       12 NAME       13 STREET ADDRESS       14 CITY-ST-ZIP       21 TITLE       22 NAME       23 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP	poration submits this statement for the tion's board of directors. I hereby accu	FL     65     Zip       purpose of changing i       ept the appointment as       4/15     97       DATE       ICERS AND DIRECTOI       ICERS AND DIRECTOI       ICERS Change       Change       Change	Its registered s registered RS IN 12 Addition
HOL Pursuant office or agent 1 a NATUBE T ADDRESS S1-ZP T ADDRESS S1-ZP T ADDRESS S1-ZP T ADDRESS S1-ZP	to the provision of Social Soc	ections 607.0502 and th, in the State of Flo coopl the obligations of legistered agen and OFFICERS AND DIR	Inte it applicable (N IECTORS	83       84       City       tutes, the above-named corris authorized by the corpora       Floats Statles.       201E Registered Agent signature requires       13.       11 TifLE       12 NAME       13.STREET ADDRESS       14 CITY-ST-ZIP       21 TITLE       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       4.3 STREET ADDRESS       3.4 CITY-ST-ZIP       5.1 TITLE	poration submits this statement for the tion's board of directors. I hereby accu	FL     65     Zip       purpose of changing i       ept the appointment as       4/15     97       DATE       ICERS AND DIRECTOI       ICERS AND DIRECTOI       ICERS Change       Change       Change	Its registered s registered RS IN 12 Addition
HOL Pursuant office or r agent 1 a NATUBE LADDRESS S1-20 LADDRESS S1-20 LADDRESS S1-20 LADDRESS S1-20 LADDRESS S1-20 LADDRESS S1-20 LADDRESS S1-20	LLYWOOD FL 33020 to the provisions of Se registered work, or br an familia with, and av Surething typed or preted or PD LEVIN, LAWRENC 1011 S. FEDERAL HOLLYWOOD FL	ections 607.0502 and th, in the State of Flo coopl the obligations of legistered agen and OFFICERS AND DIR	LICE IT APPLICADIO (N IECTORS DELETE DELETE DELETE DELETE DELETE DELETE	83       84       City       tutes, the above-named corris authorized by the corpora       Floats States,       40TE: Registrad Agent signature requires       11       11       12       13       14       13.       11       14       13.       14       17.       21       31       11       32       33       STREET ADDRESS       34. CITY-ST-ZIP       41       41       41       41       41       41       41       41       41       41       41       41 <td>poration submits this statement for the tion's board of directors. I hereby accu</td> <td>FL     65     Zip       purpose of changing lept the appointment as       4/15     97       OATE       ICERS AND DIRECTOI       I Change       Change       Change       Change       Change</td> <td>its registered s registered RS IN 12 Addition Addition</td>	poration submits this statement for the tion's board of directors. I hereby accu	FL     65     Zip       purpose of changing lept the appointment as       4/15     97       OATE       ICERS AND DIRECTOI       I Change       Change       Change       Change       Change	its registered s registered RS IN 12 Addition Addition
HOL Pursuant office or agent 1 a NATUB ELADDRESS S1-7/P ELADDRESS S1-7/P ELADDRESS S1-7/P ELADDRESS S1-7/P ELADDRESS S1-7/P	LLYWOOD FL 33020 to the provisions of Se registered work, or br an familia with, and av Surething typed or preted or PD LEVIN, LAWRENC 1011 S. FEDERAL HOLLYWOOD FL	ections 607.0502 and th, in the State of Flo coopl the obligations of legistered agen and OFFICERS AND DIR	LICE IT APPLICADIO (N LECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	83       84       City       tutes, the above-named corris authorized by the corpora       Floats Statles.       2016       11       11       12       13.       11       13.       11       13.       11       13.       11       12       13.       14       13.       15.       14       17.       21 <t< td=""><td>poration submits this statement for the tion's board of directors. I hereby accu</td><td>FL       65       Zip         purpose of changing i       9       7         oate       9       7         iCERS AND DIRECTOI       1 Change         ICERS AND DIRECTOI       1 Change         ICERS AND DIRECTOI       1 Change         ICERS Change       1 Change</td><td>its registered s registered RS IN 12 Addition Addition</td></t<>	poration submits this statement for the tion's board of directors. I hereby accu	FL       65       Zip         purpose of changing i       9       7         oate       9       7         iCERS AND DIRECTOI       1 Change         ICERS AND DIRECTOI       1 Change         ICERS AND DIRECTOI       1 Change         ICERS Change       1 Change	its registered s registered RS IN 12 Addition Addition
HOL Pursuant office or i agent 1 a INATUB EFFADORESS S1-ZIP EFFADORESS S1-ZIP EFFADORESS S1-ZIP EFFADORESS S1-ZIP EFFADORESS S1-ZIP EFFADORESS S1-ZIP EFFADORESS S1-ZIP	LLYWOOD FL 33020 to the provisions of Se registered work, or br an familia with, and av Surething typed or preted or PD LEVIN, LAWRENC 1011 S. FEDERAL HOLLYWOOD FL	ections 607.0502 and th, in the State of Flo coopl the obligations of legistered agen and OFFICERS AND DIR	LICE IT APPLICADIO (N IECTORS DELETE DELETE DELETE DELETE DELETE DELETE	83         84         City         tutes, the above-named cor- is authorized by the corporal Floats States.         40TE: Regist fid Agent signature requires.         13.         11 TirLE         12 NAME         13 STREET ADDRESS         14 CitY-ST-ZIP         21 TirLE         22 NAME         23 STREET ADDRESS         2.4 CitY-ST-ZIP         3.1 TirLE         3.2 NAME         3.3 STREET ADDRESS         3.4. CitY-ST-ZIP         4.1 TirLE         2.8 NAME         3.3 STREET ADDRESS         3.4. CitY-ST-ZIP         4.1 TirLE         2.8 NAME         3.8 STREET ADDRESS         3.4. CitY-ST-ZIP         5.1 TirLE         5.2 NAME         5.3 STREET ADDRESS         5.4 CitY-ST-ZIP         5.1 TirLE         5.3 STREET ADDRESS         5.4 CitY-ST-ZIP         6.1 TIRE	poration submits this statement for the tion's board of directors. I hereby accu	FL     65     Zip       purpose of changing lept the appointment as       4/15     97       OATE       ICERS AND DIRECTOI       I Change       Change       Change       Change       Change	its registered s registered RS IN 12 Addition Addition
HÔL	LLYWOOD FL 33020 to the provisions of Se registered work, or br an familia with, and av Surething typed or preted or PD LEVIN, LAWRENC 1011 S. FEDERAL HOLLYWOOD FL	ections 607.0502 and th, in the State of Flo coopl the obligations of legistered agen and OFFICERS AND DIR	LICE IT APPLICADIO (N LECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	83         84         City         tutes, the above-named cor- is authorized by the corpora Floats States.         40TE: Registrad Agent signature requires.         13.         11 TiffE         12 NAME         13.STREET ADDRESS         14 CITY-ST-ZIP         21 TITLE         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         3.3 STREET ADDRESS         3.4 CITY-ST-ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         4.4 CITY-ST-ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP	poration submits this statement for the tion's board of directors. I hereby accu	FL       65       Zip         purpose of changing i       9       7         oate       9       7         iCERS AND DIRECTOI       1 Change         ICERS AND DIRECTOI       1 Change         ICERS AND DIRECTOI       1 Change         ICERS Change       1 Change	its registered s registered RS IN 12 Addition Addition