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 # 603941

(6)

WILLIAM E. YOHAM D.C. PA

								AARII IRDI
Principal Place of Business Mailing Address						i 1481) 6 8111 saide 19314 1811 dien 1944 81651 annit Aint Statt arbit annit		
6301 SUNSET DR 6301 SUNSET D MIAMI FL 33143-4822 SOUTH MIAMI I US								
us						3. Date Incorporated or Qualified 11/17/1972	3a. Date of Last Re 04/21/1996	port
− 1 '	lace of Business	2a. Mailing Ad	ldress			4. FEI Number 59-1424114		plied For
Suite, Apt.	# plc	26 Suite, Apt	# elc			39 1424114		t Applicable
27			, c.o.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State			te			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	o Fees
Zφ ¬	Country	Zip	-	Country	/	8. This corporation has liability for		199.032,
24	25	29		0			Yes No	
	9. Name and Address of Curr	ent Hegistered Ager)ţ	81	Name	10. Name and Address of New Ro	gistered Agent	
	IAMA, WILLIAM			"	Ivanie			}
	i sunset dr JTH Miami FL 33143				Street Add	Iress (P.O. Box Number is Not Acceptable)		
000	III MIRAMI I E GO I TO			83				
				84	City		FL 85 Zip (Code
44 Discourant	to the provinces of Sections 607 A	02 and 607 1609 EI	ozida Statutos	the abou	n named corr	poration submits this statement for the		e registered
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida. Such ch	nange was au	thorized b	v the corpora	tion's board of directors. I hereby acce	pt the appointment as	registered
SIGNATURE.								
01011711017	Signation, typed or protect name of registered a		(NOTE	Registered Ag	ent signature requi	red when reinstating)	DATE	
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI		
TITLE	PD	Ļi	DELETE	1.1 TITLE			L Change	Addition
NAME	YOHAM, WILLIAM			1.2 NAME				
STREET ADDRESS	6301 SUNSET DRIVE			1.3 STREE	T AODRESS			
CITY-SI-ZIP	SOUTH MIAMI FL		DE: EYE	1.4 CITY-	ST-ZIP			Addess
TITLE	VP DELETE		DELLIE	2.1 TITLE		4	L Change	Addition
NAME	ENGLEMANN, ERNIE			2.2 NAME				
STREET ADDRESS	6301 SUNSET DRIVE			I	T ADDRESS			
CITY-ST-ZIP	SO. MIAMI FL 33142		DELETE	2. 4 CITY-	ST-ZIP		Change	Addition
TITLE	ST CANDON I	Ļ	DECETE	3 1 TITLE	-		L_] Change	ADDITION
NAME	VOHAM, SANDRA J 6301 SUNSET DRIVE			3 2 NAME				
STREET ADDRESS	SO. MIAMI FL 33143				T ADDRESS			
CITY-ST-ZIP TITLS	D D		DELETE	3.4. CITY- 4.1 TITLE	SI-ZIP		Change	Addition
	ENGLEMANN, BARBARA	L	Deter	4 2 NAMI	. 1		Change	
NAME	6301 SUNSET DRIVE				- . -			
STREET ADDRESS	SO. MIAMI FL 33143				T ADDRESS			
CITY - ST - ZIP	JU. MINNET L DU 170		DELETE	4.4 CITY - 5.1 TITLE	ai · Lir		Change	Addition
NAME				5.2 NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP				5.4 CITY -	i			
TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITLE	01 · ZII		Change	Addition
NAME		L	- -	6.2 NAME				
STREET ADDRESS					T AODRESS			
- THE PROPERTY	i			5.5 OTHE				

6.4 CITY - ST - ZIP

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 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 changed, or on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 15 1997 8:00am

Secretary of State

1 120110 01111 02100 11110 10110 10100 11000 1100 07471 0100 20111 20111 01271 01001 12001

Daytime Phone #

0199509