## 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 # 612252

(7)

## FILED Mar 13 1997 8:00am Secretary of State

		Mailing Address 5555 NW 36TH AVE MIAMI FL 33142-2709						
			<b>\.</b>		e Incorporated or Qualif 23/1979		ate of Last Re 31/1996	eport
· '	lace of Business	2a, Mailing Address		4. FEI	Number 3-1881617	·	L	plied For
Suite, Apt.	. #, etc	Suite, Apt. #, etc.				. 17	\$8.75	t Applicable Additional
22		27		<b>5.</b> Cer	tificate of Status Desired	· 💹	Fee Re	quired
City & Stat	te	City & State		,	ction Campaign Financii st Fund Contribution	ng 🖂	<b>\$5.00</b> Added t	
Zip	Country	Zip	Country		s corporation has liability	for intangible	tax under s.	
24	[25]		30		ida Statutes	Yes [		
A 1980	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Na	me and Address of New	v Hegistered	Agent	
	NTON, DONNA J.		OT Name					
	5 NW 36TH AVE MI FL 33142		82 Street	Address (P.O. I	Box Number is Not Acce	eptable)		
l mors	umi ( E 00 172		83	,a		<del></del>		
			84 City				85 Zip (	2040
						FL	.   -	
11. Pursuant office or agent. La SIGNATURE	to the provisions of Sections 607 05 registered agent, or both, in the Stat am familiar with, and accept the oblig	02 and 607.1508, Florida Statute e of Florida Such change was a gations of Section 607.0505, Flo	es, the above-named uthorized by the co- rida Statutes.	corporation su poration's board	bmits this statement for d of directors. I hereby a	the purpose o accept the app	f changing it pointment as	s registered registered
	Signature typed or proled name of registered as		Registered Agent signatur			DATE		
12.	OFFICERS AT	ND DIRECTORS  DELETE	13.		ITIONS/CHANGES TO C	DEFICERS AN	DIRECTOR Change	S IN 12 Addition
TITLE NAME	RICHMAN, DIANE		1.2 NAME	PD NEWTON	DOMESTA T		LA Unango	
STREET ADDRESS	12280 NW 14 ST		1.3 STREET ADDRESS		, DONNA J. ILLOW LANE			
CITY - ST - ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP		DERDALE, FL 3	12221		l
TITLE	PD	☐ DETELE	2.1 TITLE	* * * * * * * * * * * * * * * * * * *	P-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	<u> </u>	Change	Addition
NAME	NEWTON,DONNA J		2.2 NAME					
STREET ADDRESS	6800 GLENEAGLE DR		2.3 STREET ADDRESS	ı				
CITY - S1 - ZIP	MIAMI LAKES FL		2 4 CITY-ST-ZIP					
TULF		☐ DELETE	3 1 TITLE	i			Change	Addition
NAME			3 2 NAME					ł
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIF TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
11:16	, , , , , , , , , , , , , , , , , , ,	DELETE	5.1 TITLE				Change	Addition
NAM:			5.2 NAME		•			
STREET ADDRESS			5.3 STREET ADDRESS					
C(1) y - S1 - 7(P)			5.4 CITY-ST-ZIP				T 2	- 1 a 2000
THILE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					Į
STREET ADDRESS			6 3 STREET ADDRESS					
	1		6.4 CITY-ST-ZIP	Ť	•			

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 pame appears in Block 12 or Block 13 il changed, or on an attachment with an address.

SIGNATURE:

DONNA J. NEWTON, DES. (1) THE SIGNANG OFFICER OR DIRECTOR

J Kenton 300 best