## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 07 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # 613564** 

(4)

| DANEL, I   | NC.   |  |   |   |  |
|--|---|--|---|---|--|
| Principal Place of Business Mailing Address 1800 N. 55 AVENUE 1900 N. 55 AVENUE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-3838 |   |  | <b>138</b>  |   | 194 91911 91911 91911 91911 91811 1081     |
|  |   |  |   | 3. Date Incorporated or Qualified 03/20/1979  | 3a. Date of Last Report 06/12/1996         |
|  | ace of Business   | 2a. Mailing Address                    | ***   | 4, FEI Number   | Applied For                                |
| 21 Suite, Apt +  | # ele   | Suite, Apt #, etc.                     |   | 59-1906487  | Not Applicable \$8.75 Additional           |
| 22   | , , , ,   | 27                                     |   | 5. Certificate of Status Desired  | Fee Required                               |
| City & State   | ?   | City & State                           |   | 6. Election Campaign Financing  | \$5.00 May Be                              |
| 23   |   | 28                                     |   | Trust Fund Contribution   | Added to Fees                              |
| Ζφ<br>Τ.1  | Country   | Zip                                    | Country   | This corporation has liability for in Florida Statutes                                | ntangible tax under s. 199.032,<br>Yes  No |
| 24   | 25 Name and Address of Currer   | 29  <br>nt Registered Agent            | [30]  | 10. Name and Address of New Reg   |  |
| DICH   | ITER, MARK  | ······································ | 81 Name   |   |  |
| 4000 N RETU AVENUE   |   |  |   | ess (P.O. Box Number is Not Acceptable  | a)   |
| HOLI   | LYWOOD FL 33021   |  | 83  | Ost (1.0. Box turnsor to the recopials  |  |
|  |   |  | 84 City   |   | 85 Zip Code                                |
|  |   |  |   |   | FL   |
| SIGNATURE  | gistered agent, or both, in the State<br>in familiar with, and accept the oblig<br>Standard, spector parted rame of regelered age |  | authorized by the corporationida Statutes.  TE Registered Agent signature require | oration submits this statement for the pu<br>ion's board of directors. I hereby accep | t the appointment as registered            |
| 12.  |   | D DIRECTORS                            | 13.   | ADDITIONS/CHANGES TO OFFICE   |  |
| THE  | PS  | DELETE                                 | 1 1 TITLE   |   | Change Addition                            |
| NAME   | DICHTER, MARK   |  | 1.2 NAME  |   |  |
| "STREET ADDRESS  | 1900 N. 55TH AVENUE   |  | 1.3 STREET ADDRESS  |   |  |
| CITY-SI-76   | HOLLYWOOD FL  | DELETE                                 | 1.4 CHY-ST-ZIP  |   | Change Addition                            |
| Tille  | DICHTER, ESTHER   |  | 21 TITLE<br>22 NAME   |   | El outride El vocition                     |
| NAME<br>STREET ACORESS   | 1900 N. 55TH AVENUE   |  | 2.3 STREET ADDRESS  | •   |  |
| CEY-SI-7P  | HOLLYWOOD FL  |  | 2.4 CITY-ST-ZIP   |   |  |
| JHLE   |   | DELETE                                 | 3 1 TITLE   |   | ☐ Change ☐ Addition                        |
| NAME   |   |  | 3.2 NAME  |   |  |
| "STREET ADDRESS  |   |  | 3.3 STREET ADDRESS  | •   |  |
| CHTY+S1+ZIP  |   |  | 3.4 CITY-ST-ZIP   |   | 7 A  |
| 111.6  |   | ☐ DELETE                               | 4.1 TITLE   |   | Change Addition                            |
| NAME<br>explet stropnes  |   |  | 4. 2 NAME<br>4.3 STREEY ADDRESS   |   |  |
| STREET ADDRESS<br>CITY - ST - ZIP  |   |  | 4.4 CITY-ST-ZIP   |   |  |
| TILE   |   | DELETE                                 | 5.1 TITLE   |   | Change Addition                            |
| NAME   |   |  | 5.2 NAME  |   |  |
| STREET ADDRESS   |   |  | 5.3 STREET ADORESS  | •   |  |
| CITY - ST - ZIP  |   |  | 5.4 CITY-ST-ZIP   |   | ·  |
| tit_E  |   | ☐ DELETE                               | 6.1 TITLE   |   | ☐ Change ☐ Addition                        |
| NAME   |   |  | 6.2 NAME  | •   |  |
| STREET ADDRESS   |   |  | 6.3 STREET ADORESS  |   |  |
| :CITY+S1+7/P   | ny certify that the information supplie   | d with this filing does not aus        | 6.4 CITY-ST-ZIP   | in Section 119.07(3)(i), Florida Statutes   | I further certify that the                 |
| informatio   | n indicated on this annual report or i  | cunniamental annual report to          | true and accurate and that  | my signature shall have the same legal<br>thas required by Chapter 607, Florida Si    | l offect as if made under noth: that       |