FILE NOW: FILING FEE AFTER MAY 1 19 \$550.00



COR ANNU	PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 11 1997 8:00am Secretary of State	
DOCUI 1. Corporation	MENT # 6	25600 DRP.	(2)			BIDII DIDII DIDII BIDII BIDII DIDII
Principal Place 3801 N. 41ST / HOLYWOOD FL US	AVENUE	38	ailing Address Of N. 41SST AVENUE DLLYWOOD FL 33021			
					3. Date Incorporated or Qualified 06/13/1979	3a. Date of Last Report 03/12/1996
2. Principal Pl	ace of Business		Mailing Address		4. FEI Number	Applied For
Suite, Apt	#. etc	26	Suite, Apt. #, etc.	,	59-1933033	Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		28	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Cour	·	Zip	Country	8. This corporation has liability for i	
24	25 g. Name and Add	29 ress of Current Regis	tered Agent	30	Florida Statutes 10. Name and Address of New Reg	Yes No
3801	iter, morris I north 41st av Lywood FL 3302			82 Street Ad 83 84 City	idress (P.O. Box Number is Not Acceptab	e) Zip Code
office or re agent. Lai	egistered agent, or be	ections 607.0502 and 6 oth, in the State of Flori occept the obligations o	fa. Such change was	authorized by the corpor	progration submits this statement for the pration's board of directors. I hereby accept	urgose of changing its registered
SIGNATURE	Signature, typed or printed no	ense of registered agent and title	if applicable (NC	TE: Registered Agent signalure req	quired when reinstating)	DATE
12,		OFFICERS AND DIREC		13,	ADDITIONS/CHANGES TO OFFIC	
THUE NAME	P RICHTER, MORRI	IQ.	L DELETE	1.1 TITLE 1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	3801 NORTH 415			1.3 STREET ADDRESS		1
City-S1-ZIP	HOLLYWOOD FL			1.4 CRTY-ST-ZIP		
TITLE			DELETE	2.1 TITLE		Change Addition
NAME				2.2 NAME		,
STREET ADDRESS CITY - ST - ZOP				2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
THIE			DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
City-St-2if:			DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME				4.2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
C(TY+S1+7IP				4.4 CITY-ST-ZIP		
TOTLE			DELETE	5.1 TITLE		Change Addition
NAME OTRECT ANNOUNCE				5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS GITY - ST - Zip				5.3 STREET ADURESS		
TITLE			☐ DELETE	6.1 TITLE		Change Addition
NAM:				6.2 NAME		
STHEET ADDRESS				6.3 STREET ADDRESS		i

City: \$1-2P

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 changes, and on an attachment with an address.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED