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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 629605

(7)

FILED May 14 1997 8:00am Secretary of State

15500 NEW BARN ROAD 15500 SUITE 105 SUITE				ailing Address 500 NEW BARN ROAD ITE 105 AMI LAKES FL 33014-2177				····	3. Date Incorporated or Qualified 07/13/1979 05/01/1996				
2. Principal P	lace of Bus	siness	28.	Mailing Address					4. FEI Number		70 17 10		olied For
21			26						59-1922621			Not	Applicable
Suite, Apt	#, etc		27	Suite, Apt. #, etc.					5. Certificate of Status Desired			75 A	dditional quired
City & State	C	M		City & State					8. Election Campaign Financin				May Be
3			28						Trust Fund Contribution				Fees
Ζφ Π		Country		Zip	├ ─-¬	ountry	/		8. This corporation has liability	for intangib		der s.	199.032,
4	9 Nam	25 e and Address of Ci	29	tered Agent	30				Florida Statutes 10. Name and Address of New				·
QI A	CHTER, D		un un negro	teres Agoin		81	Nar	ne	10, Marillo Mila Addition of Hos	ug	u nguin		
		BARN ROAD					<u> </u>						
	TE 105	74111 1107W				82	Stre	et Addr	ess (P.O. Box Number is Not Acce	ptable)			
		FL 33014				83	1	····					
,,,,,		, 2 000				L	<u> </u>						
						84	City	,		F	85	Zip C	ode
	egistered a m familiar v	agent, or both, in the t with, and accept the c	State of Florid obligations of	da. Such change v f, Section 607.0505	was authori. 5, Florida S	zed by	y the o	corporati	oration submits this statement for t ion's board of directors. I hereby a	ccept the a	opoinime	00	ogiono.
SIGNATURE	Sign three type	of or printed name of register		if applicable		ered Age			ion's board of directors. I hereby a ad when reinstaling) ADDITIONS/CHANGES TO O	DATE			
SIGNATURE	Significe type	cal or printed name of register OFF ICERS	red agent and title	if applicable	(NOTE: Registe	ered Age			ad when reinstaling)	DATE		CTORS	S IN 12
SIGNATURE 12. III.E	PD SLACHT	CH or printed name of register OFFICERS TER, DAVID	ned agent and title S AND DIREC	if applicable	(NOTE: Registe	ered Age			ad when reinstaling)	DATE	ND DIRE	CTORS	S IN 12
SIGNATURE 12. III.E NAME	PD SLACHT 15500 M	OFFICERS TER, DAVID NEW BARN ROAD,	ned agent and title S AND DIREC	if applicable	(NOTE: Registe	ered Age 3.	ent signi	ature require	ad when reinstaling)	DATE	ND DIRE	CTORS	S IN 12
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SIGNATURE 12. III.E NAME SIBSET ADDRESS (011-S1-20)	PD SLACHT 15500 M	OFFICERS TER, DAVID NEW BARN ROAD,	ned agent and title S AND DIREC	if applicable	(NOTE: Register 11: 11: 1.2 1.3 1.4	OFFICE OF	ent signi	ature require	ad when reinstaling)	DATE	ND DIRE	CTORS ange	S IN 12 Addition
SIGNATURE 12. III.E NAME SIRSEFAPORESS CITY ST 7P IPUI	PD SLACHT 15500 M	OFFICERS TER, DAVID NEW BARN ROAD,	ned agent and title S AND DIREC	if applicable CTORS DELETE	(NOTE: Register 1: 1: 1: 1.2 1.3 1.4 2.1	9:00 Age 3. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME	ent signi T ADDRE ST - ZIP	sture require	ad when reinstaling)	DATE	ND DIREC	CTORS ange	S IN 12 Addition
SIGNATURE 12. 10. F NAME SIRELLAPORESS COLYSIA AVE 1014 NAME STREELADORESS STREELADORESS	PD SLACHT 15500 M	OFFICERS TER, DAVID NEW BARN ROAD,	ned agent and title S AND DIREC	if applicable CTORS DELETE	(NOTE: Register 11	OFFICE OFFI	T ADDRE	sture require	ad when reinstaling)	DATE	ND DIREC	CTORS ange	S IN 12 Addition
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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 eath; 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 12 or Block 13 if changed, or on all attachment of the address.

