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 #

(1)

Principal Place		Mailing Address 3383 S.W. 11TH AVE.							
3383 S.W. 11TH ALAN LOEFFLE ET LAUDERDAI	R	ALAN LOEFFLER FT. LAUDERDALE FL 333	15,2901						
FT. LAUDERDALE FL 33315 US		US			3. Date Incorporated or Qualified 05/20/1980	1	te of Last R 26/1996	eport	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For			
21		26			59-2010140			ot Applicable	
Sulte, Apt. 4	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	Additional equired	
City & State)	City & Stato			6. Election Campaign Financing			May Be	
23 Zip	Country				Trust Fund Contribution 8. This corporation has liability for i			to Fees	
24	25	29	30	y			Yes [. 199.032,
-	9. Name and Address of Currer		1551			10. Name and Address of New Re			
LOEFFLER, ALAN J.					Name				
3383 SW 11TH AVE			1	B2	Street Addr	ess (P.O. Box Number is Not Acceptable)			
FT L	AUDERDALE FL 33315			83					,
					0.1			Ter 710	Code
			1		City		FL		Code
SIGNATURE						oration submits this statement for the p ion's board of directors. I hereby accep		changing it	ts registered registered
	Signature, typed or printed name of registered age			Agent	l signature requir	ed when re-ustating) ADDITIONS/CHANGES TO OFFICE	DATE	DIDECTOR	20 INI 12
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFIC	ENS AND	Change	
NAME	LOEFFLER, ALAN J.		1,2 NAM						
STREET ADDRESS	3383 S.W. 11TH AVENUE		1.3 S1R	1.3 STREET ADDRES					
CITY-ST-ZIP	FT. LAUDERDALE FL		1,4 CIT	Y - \$1-	- 20P				
TITLE	ST	DELETE	2 1 1 11 1	2 1 1111.6				Change	Addition
NAME	LIVERMAN, CAROL		2 2 NA						
STREET ADDRESS	3383 S.W. 11TH AVENUE FT LAUDERDALE FL				ADDRESS				
CITY-ST-ZIP TITLE	FI LAUDENDALE FL	□ DELETE	2 4 C/T 3 1 T/F(1-211			Change	Addition
NAME			3.2 NA					-	
STREET ADDRESS			3.3 STR	REE1 A	ADDRESS				
CITY-ST-ZIP			3.4. CII	1Y-SI	1 - Z(P				
TITLE		☐ DELETE	4.1 TITE					L Change	Addition
NAME			4. 2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 C(T		- ZIP		·········	Change	Addition
NAME				5.1 TITLE 5.2 NAME					
STREET ADDRESS		in the first			ADDRESS				
CHY-ST-ZIP			5.4 CI1						
TITLE		☐ DELETE	611 1					Change	Addition
NAME			6.2 NA	ME	Ì				
STREET ADDRESS			6.3 S1F	REE1 #	ADDRESS				

14. Ido 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 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 13 if charged, or of an additional statutes.

FILED

May 16 1997 8:00am

Secretary of State