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

	MENT # 671759 BANK OF FLORIDA of Business	(9) Mailing Address				
1801 N PINE ISLAND ROAD PLANTATION FL 33322 US		1801 N. PINE ISLAND ROAD PLANTATION FL 33322-5205 US				
00				3. Date Incorporated or Qualified 06/02/1980	3a. Date of Last Report 01/30/1996	
2. Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59-1318090	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State		City & State	til tulidada	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 Zip	Country	28	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,	
24	25 25 Name and Address of Currer	29 nt Registered Agent	30	Florida Statutes 10. Name and Address of New Reg	Yes No	
CHA	PERON, JOHN S	it riegistered Agent	81 Name			
1801 N PINE ISLAND RD			B2 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33322			83			
			84 City		85 Zip Code	
			'		FL `	
11. Pursuant t	o the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607,1508, Florida Statut of Florida, Such change was ations of Section 607,0505, FL	tes, the above-named cor authorized by the corpora orida Statutes	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered the appointment as registered	
SIGNATURE .			E: Registered Agent signature req		DATE	
12.	Signature, typesfor printed name of registerics age OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition	
NAME	MILLER, LEONARD		1.2 NAME			
STREET ADDRESS	700 NW 107TH AVENUE		1.3 STREET ADDRESS		'	
CITY-ST-ZIP	MIAMI BCH. FL		1.4 CITY-ST-ZIP			
THEE	D CONTRACTOR A	☐ DELETE	2.1 TITLE		Change Addition	
NAME	Doumar, raymond A. 1177 S.E. 3rd Avenue		2.2 NAME			
STREET ADORESS	FORT LAUDERDALE FL		2.3 STREET ADDRESS	4	·	
CITY-ST-76° TITLE	PD	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	D	Change Addition	
NAME	CHAPERON, JOHN S	E peccie	3.2 NAME	HAPERON, JOHN S 825 NE 35 COURT		
STREET ADDRESS	5300 MCKINLEY STREET		3.3 STREET ADDRESS 2	825 NE 35 COURT		
CITY-ST-ZIP	HOLLYWOOD FL		3.4. CITY - ST - ZIP	T. LAUDERDALE, F	L 33308	
TITLE	SVP	DELETE	4.1 TITLE		Change Addition	
NAME	BREWER, JACK R		4 2 NAME		*	
STREET ADDRESS	1107 S.E. 6TH ST.		4.3 STREET ADDRESS			
CITY+ST-ZIP	FORT LAUDERDALE FL		4.4 City-St-ZiP			
TIILE	DEVP	☐ DELETE	51 TITLE		Change Addition	
NAME	WINES, LYNNE 373 N.W. 101ST AVENUE		5.2 NAME			
STREET ADDRESS	CORAL SPRINGS FL		5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	COLAR OLIMITOR LE	DELETE	5.4 CITY-ST-2IP 6.1 TITLE		Change Addition	
NAME		Land October	6.2 NAME			
STREET ADDRESS		0.	6.3 STREET ADDRESS			
CITY-ST-ZIP	_	~ 10	6.4 CITY - ST - ZIP			
14. Ldo beret	by certify that the information supplied in indicated on this angual in port of the control of t	ed with this filing obes not qua supple mental annual report is	lify for the exemption stat	ted in Section 119.07(3)(i), Florida Statute nat my signature shall have the same lega port as required by Chapter 607, Florida S	s. I further certify that the il effect as if made under oath; that tetutes; and that my name	

CICHATURE

ATURE AND TYPED OR PRINTED NAME OF GIONING OFFICER OR DIRECTOR

u76 954.476.4356

FILED

Jan 22 1997 8:00am

Secretary of State