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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

appears in Block 12 or Bl

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 15 1997 8:00am

Secretary of State

Jan. 7, 1997 (954)525-2300

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 691880

(9)

Mailing Address

WILLIAM H. STOLBERG, P.A.

110 TOWER - 16TH FLOOR 110 SE 6TH STREET FT LAUDERDALE FL 33301		110 Tower - 16th Floor 110 Se 6th Street Ft Lauderdale Fl 33301-5000			3.	Date Incorporated or Qualified	3a. Date				
							06/25/1981	02/0	2/1996		
2. Principal P	lace of Business	2a. Mailing Address			4.	FEI Number		A	pplied For		
21		26					59-2097749			lot Applicable	
Suite, Apt		Suite, Apt. #, etc.	27			5.	- Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	e 	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip 24	Country Zip (25 29 30				' 	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) No					
	9. Name and Address of Currer	it Registered Agent			t	10	. Name and Address of New Re	gistered A	gent .		
	OLBERG, WILLIAM			81	Name						
110 SE 6TH STREET FT LAUDEROALE FL 33301				82	Street Add	Street Address (P.O. Box Number is Not Acceptable)					
				83							
				84	City	•		FL	85 Zip	Code	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was	authorize	d b	vithe corpora	rporation's	on submits this statement for the p board of directors. I hereby accep	urpose of control the appoint	hanging ntment as	its registered s registered	
SIGNATURE								<u> </u>			
12.	Signature, typed or printed name of registered age OFFICERS AN	-1·	13.	a Age	ent signature requ		ADDITIONS/CHANGES TO OFFIC	DATE EDS AND D	NRECTO	DC IN 12	
TITLE	PO	DELETE	1,1 7	ITLE			ADDITIONS OF AN ACCOUNT		Change	Addition	
NAME	STOLBERG, WILLIAM H			1.2 NAME				_			
STREET ADDRESS	110 SE 6TH STREET		1.3 S	TREET	ADDRESS						
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		1.4 0								
TITLE		☐ DELETE	2.1 T	ITLE			***************************************		Change	Addition	
NAME			2.2 N	AME							
STREET ADDRESS		•	2.3 \$		2.3 STREET ADDRESS						
CITY-ST-ZIP			2. 4 CIT		ST-ZIP						
TOLE		☐ DELETE	3.1 T	ITLE		,		T	Change	Addition	
NAME			3.2 N	AME				•			
STREET ADDRESS			3.3 \$	TREET	ADDRESS						
CITY-ST-ZiP			3.4. (CITY-	ST-ZIP						
TITLE		☐ DELETE	4.1 T	ITLE					Change	Addition	
NAME			4.21	NAME							
STREET ADDRESS			4.3 S	TREET	ADDRESS						
CITY - ST - ZIP			4.4 C	ITY-S	ST-ZIP						
TITLE		☐ DELETE	5,1 T	ITLE				L	Change	Addition	
NAME			5.2 N	AME							
STREET ADDRESS			5.3 S	TREET	ADDRESS						
CITY - ST - ZIP			5.4 C	ITY - 5	ST-21P				_		
TITLE		☐ DELETE	6.1 ↑	ITLE					Change	Addition	
NAME			6.2 N	AME							
STREET ADDRESS			6.3 S	TREET	ADDRESS						
CITY-ST-ZIP			6.4 C	ITY-S	ST - 21P						

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 of the receiver or trustee empowering execute this report as required by Chapter 607, Florida Statutes; and that my name

, President