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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # 695365

(7)

FILED Apr 02 1997 8:00am Secretary of State

Zi Wij I	NO.				1		
						, 4,600 a.600 a.600 a.a 4000 - 4,500 b.g., 6,5,, 6,6, 8,8	
Principal Plac	e of Business	Mailing Address				i gieli bion dion gibli giel	4 B1911 1981
8227 CASSIA	TERR	8227 CASSIA TERR					
TAMARAC FL	33321-1701	TAMARAC FL 33321-170	M				
US		U\$			3. Date Incorporated or Qualified	3a. Date of Last F	Report .
,					07/20/1981	03/20/1996	тороп
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26		59-2189063	Not Applicable		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	h1		5. Certificate of Status Desired		Additional
City P Cto	10	27				Fee R	equired
City & Stat	to	City & Stato			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	28	Count		8. This corporation has liability for		
24	25	29	30	,	Florida Statutes	Yes Z No	s. 188.032 ₁
	9. Name and Address of Curre		153		10. Name and Address of New Re		
FAL	K, MELVIN W		8	Name "			
822	7 CASSIA TERRACE		Ē	2 Street Add	ress (P.O. Box Number is Not Acceptate	ole)	
TAN	MARAC FL 33321 ~ /76/						
			8	3			
			B	4 City		- 85 Zip	Code
				<u></u>		FL "	
office or i	registered agent, or both, in the State	oz and 607.1508, Florida Stat e of Florida. Such change was	utes, the abo s authorized l	vc-named corp by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	ourpose of changing i of the appointment as	ts registered registered
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505, I	Florida Statut	98.	·	• •	•
SIGNATURE	Signature, typed or printed name of registered ag	NA. Aldes least in this tree	O) L. Dogistorod A	cont pignosture requi	red when reinstating)	DATE	
12.		ND DIRECTORS	13.	gont alg talore requi	ADDITIONS/CHANGES 10 OFFIC		RS IN 12
TITLE	PD	DELETE	1.1 THLE			☐ Change	Addition
Name	FALK, MELVIN W.		1.2 NAM	:			
STREET ADDRESS	8227 CASSIA TERR		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33321-1701		140114	\$1-7IP			
TALE		☐ DELF1E	2.1 Title			☐ Change	Addition
NAME	•		2.2 NAMI	:			
STREET ADDRESS			2.3 STRE	1 ADDRESS			
CITY-ST-ZIP		Tours	2. 4 CITY	- ST - 7IP	· · · · · · · · · · · · · · · · · · ·		A 444(0)
TITLE		☐ DELETE	3 1 1111.6	1		Change	Addition
NAME OTOGET ADDRESS			3.2 NAME	Į.			
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE			Change	Addition
NAME		hand Street	4.2 NAM				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			4.4 CITY				
TITLE		DELFTE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	T ADDRESS			
CITY-ST-ZIP	<u> </u>		5.4 CHY-	ST-ZIP			
TITLE		☐ DELE1E	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			63 \$180	1 ANDRESS			

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 changed, or on any statement with an address.