SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Aug 12 1997 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

RATED										
Principal Place of Business Mailing Address							HI OLOVI GIGHI OHUN BIRNI O	ITAL OLDEL HERE		
2101 N. ANDREWS AVE., STE. 400 2101 N. ANDREWS AVE., STE				400						
FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311						DO NOT WRITE	IN THIS SPACE			
						3. Date Incor.	porated or Qualified	3a. Date of Last f	Report	
						12/20	/1967	02/21/19	96	
2. Principal P	lace of Business	2a. Mailin	g Address			4. FEI Numbe		A	pplied For	
21		26				59-20	05107		ot Applicable	
Sulte, Apt.	#, etc.	_ 	Suite, Apt. #, etc.			5. Certificate	of Status Desired		Additional leguired	
22 City & Stat	6	City & State			6 Floation Co	ampaign Financing		_ <u>-</u>		
23	•	28				Contribution		May Be to Fees		
Zip	Country		Zip Counti		,	8. This corporation owes or has paid				
24	26 29		30			Personal Property Tax due June 30. Yes No				
	9. Name and Address of Currer	t Registered	Agent			10. Name and	Address of New Re	gistered Agent		
				61	Name					
SCHORR, STEPHEN A ESQ.					Street	Address (P.O. Box Nu	mber is Not Acceptab	le)		
2101 N. ANDREWS AVE., STE. 400						<u> </u>		·		
FT. LAUDERDALE FL 33311			83							
				84	City			FL 85 Zip	Code	
11 Durauant	to the provisions of Continue 617 060	2 and 617 160	9 Florida Statuton	the show	o named	corporation submits th	nic platement for the p		ite registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered.										
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE Signature, typed or printed name of registored agent and little if applicable. (NOTE Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AN			13.		ADDITIONS	CHANGES TO OFFIC		RS IN 12	
TITLE	DV		DELETE	1.1 TITLE		DP		☐ Change	Addition	
NAME	PRCHAL, CHERYL			1.2 NAME		DAVID, STEN				
STREET ADDRESS	3406 BEACON ST.			1,0 OTTILL I MODILEGO			407 Dover Road			
CITY-ST-ZIP	POMPANO BCH. FL					Pompano Bea	ach, Florida			
TITLE	D		☐ DELETE	2.1 TITLE		18		☐ Change	☐ Addition	
NAME	MCKENNA, RICK			2.2 NAME						
STREET ADDRESS	1903 BAY DR.			2.3 STREET					·	
CITY-ST-ZIP	POMPANO BCH. FL D		DELETE	2.4 CITY-5	ST-ZIP		·	Change	Addition	
TITLE	•		☐ DECEIE	3.1 TITLE	l			☐ Change	Addition	
NAME PROFES ADDRESS	SCHORR, STEVE 3416 DOVER RD.			3.2 NAME	4000000				1,	
STREET ADDRESS	POMPANO BCH. FL			3.3 STREET						
CITY-ST-ZIP	DT		DELETE	3.4. CITY - 5 4.1 TITLE	51-212			☐ Change	☐ Addition	
NAME	MÇLAIN, MIKE			4. 2 NAME					_ ;	
STREET ADDRESS	3211 ROBBINS RD			4.3 STREET	ADDRESS				279	
CITY-ST-ZIP	POMPANO BCH. FL 33062			4.4 CiTY - S					-	
TITLE	DP		XX DELETE	5.1 TITLE		D		k Change	Addition	
NAME	HAMMETT, LINDA			5.2 NAME		HAMMETT, LI	NDA			
STREET ADDRESS	2105 NORTH RIVERSIDE DRIV	E		5.3 STREET	ADDRESS		Riverside D	rive		
CITY-ST-ZIP	POMPANO BEACH FL			5.4 CITY-S	T-ZIP		ch, Florida			
TITLE	DV		XX DELETE	6.1 TITLE		D		KX Change	☐ Addition	
NAME	Passin, Helene			6.2 NAME		PASSIN, HE				
STREET ADDRESS	2205 BAY DR			6.3 STREET	ADDRESS	2205 Bay Dr				
CITY-ST-ZIP	POMPANO BEACH FL			6.4 CITY - S	T-ZIP	Pompano Baa	ich, Florida	33062		

14. I do hereby certify that the information supplication indicated on this annual report of tamen an officer or director of the corporation appears in Block 12 or Block 13 if the 1991. this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the after the properties true and accurate and that my signature shall have the same legal effect as if made under oath; that exceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

954-564-4800 Lounde