FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

744302

(1)

	FE SERVICES, INCORPOR				
Principal Plac	e of Business	Mailing Address		1 100111 10011 01011 01000 11111 001110 1	IBI BIBIL BIBIL BIBIL BIBIL BIBIL BIBIL BIBIL
406 NW 54TH 1 MIAMI FL 3312		406 NW 54TH ST MIAMI FL 33127-1922			
				 Date Incorporated or Qualified 09/15/1978 	3a. Date of Last Report 06/03/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1854323	Not Applicable
Sulte, Apt.	₩, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Stat		City & State			Fee Required
23	Ð	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for it	
24	25	29	30		Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name		
GLASSER, GARY S. 1860 N.E. 210 STREET			82 Street Ac	ddress (P.O. Box Number is Not Acceptab	le)
			83		
n miami	BCH FL 33179				
			84 City		FL 85 Zip Code
	to the provisions of Sections 617.05 registered agent, or both, in the Statum familiar with, and accept the obli	02 and 617.1508, Florida Statut e of Florida. Such change was a gations of, Section 617.0503, Flo	es, the above-named co authorized by the corpo orida Statutes.	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	gent and little if applicable. (NOT	E: Registered Agent signature re	quired when rainstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PDT	DELETE	1.1 TITLE		Change Addition
NAME	GLASSER, GARY S.		1.2 NAME		
STREET ADDRESS	1860 NE 210 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	GLASSER, LINDA		2.2 NAME		L_ Onlarge Radinon
STREET ADDRESS	1860 N.E. 210 STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH, FL 0		2. 4 CITY - ST - ZIP		
TITLE	VPD	DELETE	3.1 TITLE	4,000	Change Addition
NAME	THRELKELD, MAJOR E.		3.2 NAME		
STREET ADDRESS	406 NW 54TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		- Victi	5.2 NAME		ET AMMIN ET MOUNT
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 City-St-7IP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.