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

DOCUMENT # 810323

(6)

FILED May 05 1997 8:00am Secretary of State

Principal Place of Business 3289 S.W. 9TH AVENUE BOX 350650 FT. LAUDERDALE FL 33335	N 3	Mailing Address 3299 S.W. 9TH AVENUE BOX 350550 FT. LAUDERDALE FL 333	35-0550		3. Date Incorporated or Qualif		ate of Last R	
					04/25/1955		ate of Last H /26/1996	eport
2. Principal Place of Business	2a	ı ~			4. FEI Number		Ar	plied For
Suite. Apt #, etc.	26	Suite, Apt. #, etc.			59-1926443			t Applicable
22	27)			5. Certificate of Status Desired	, []	\$8.75 A	
City & State		City & State			6. Election Campaign Financin	ng	\$5.00	May Be
23	28	,	·		Trust Fund Contribution		Added	to Fees
├	Country	Zip 1	Cou	ntry	8. This corporation has liability	for intangible Yes	tax under s	. 199.032,
24 25 9 Name and	29 Address of Current Regi		30		Florida Statutes 10. Name and Address of Net			
CLINE, GIBBONS E				81 Name				
3299 S.W. 9TH AV				On Charles	ddress (P.O. Box Number is Not Acce	-1-1-1-1	 	
FORT LAUDERDAL				82 Street Ad	daress (P.O. Box Number is Not Acce	abraniei		
				83				
				84 City			85 Zip	Code
						FL	.	
CIGNATUDE -					orporation submits this statement for oration's board of directors. I hereby a			
SIGNATURE Signature representation 12.	ited frame of registered agent and the OFFICERS AND DIRE	CTORS			rquired when reinstating) ADDITIONS/CHANGES TO C	DAYE		
Signature Great of an 12. THE PD			E: Registered	1 Ageni signalure re	equired when reinstating)	DAYE		
12. TILE PD CLINE, J.D.	OFFICERS AND DIRE	CTORS	13. 1.1 TI 1.2 N/	d Agent signatura re	equired when reinstating)	DAYE	DIRECTOR	IS IN 12
12. TILE PD CLINE, J.D. STREET ADDRESS 3299 S.W. 91	OFFICERS AND DIRE	CTORS	13. 1.1 TI 1.2 N/ 1.3 ST	J Agent signature re TLE ME REET ADDRESS	equired when reinstating)	DAYE	DIRECTOR	IS IN 12
12. TILE PD CLINE, J.D. SIREET ADDRESS 3299 S.W. 91 CITY-ST-ZIP FT. LAUDERI	OFFICERS AND DIRE	CTORS DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 Ci	J Agent signature re ILE IME REET ADDRESS IY-ST-ZIP	equired when reinstating)	DAYE	DIRECTOR Change	S IN 12
12. TITLE PD CLINE, J.D. STREET ADDRESS 3299 S.W. 91 TITLE CD	OFFICERS AND DIRE	CTORS	13. 1.1 TI 1 2 N/ 1.3 ST 1.4 CI 2.1 TI	J Agent signature re ILE AME REET ADDRESS IY-SI-ZIP ILE	equired when reinstating)	DAYE	DIRECTOR	IS IN 12
12. TILE PD CLINE, J.D. SIREET ADDRESS GILY-ST-ZIP FT. LAUDERI TILE CD CLINE, G.D.	OFFICERS AND DIRE TH AVE. DALE FL	CTORS DELETE	13. 1.1 TI 12 N/ 1.3 ST 1.4 Cf 2.1 TI 2.2 N/	TAgent signature re TLE AME REET ADDRESS TY-ST-ZIP TLE	equired when reinstating)	DATE	DIRECTOR Change	S IN 12
12. TITLE PD CLINE, J.D. STREET ADDRESS CLIV-ST-ZIP FT. LAUDERG NAME CD CLINE, G.D. STREET ADDRESS 3299 S.W. 91 CLINE, G.D. 3299 S.W. 91	OFFICERS AND DIRE TH AVE. DALE FL TH AVE.	CTORS DELETE	13. 1.1 Ti 12 N/ 1.3 ST 1.4 Ci 2.1 Ti 2.2 N/ 2.3 ST	J Agent signature re ILE AME REET ADDRESS IY-SI-ZIP ILE	equired when reinstating)	DAYE	DIRECTOR Change	S IN 12 Addition
12. TITLE PD CLINE, J.D. STREET ADDRESS CITY-ST-ZIP FT. LAUDERI TITLE CD CLINE, G.D. STREET ADDRESS 3299 S.W. 91 CO CLINE, G.D. STREET ADDRESS 3299 S.W. 91	OFFICERS AND DIRE TH AVE. DALE FL TH AVE.	CTORS DELETE	13. 1.1 Ti 12 N/ 1.3 ST 1.4 Ci 2.1 Ti 2.2 N/ 2.3 ST	TAgent signature re TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS ITY-ST-ZIP	equired when reinstating)	DATE	DIRECTOR Change	S IN 12 Addition
TILE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS C-TY-ST-ZIP FT. LAUDERG CLINE, J.D. 3299 S.W. 91 FT. LAUDERG CLINE, G.D. 3299 S.W. 91 FT. LAUDERG FT. LAUDERG FT. LAUDERG	OFFICERS AND DIRE TH AVE. DALE FL TH AVE.	CTORS DELETE DELETE	13. 1.1 Ti 12 NA 1.3 ST 1.4 Ci 2.1 Ti 2.2 NA 2.3 ST 2.4 C	TADENI SIGNALIVE RE TILE THE TADDRESS TY-ST-ZIP TILE THEET ADDRESS TY-ST-ZIP TILE THEET ADDRESS	equired when reinstating)	DATE	D DIRECTOR Change	S IN 12 Addition Addition
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE CD CLINE, J.D. 3299 S.W. 91 FT. LAUDERG CLINE, G.D. 3299 S.W. 91 FT. LAUDERG CLINE, G.D. 3299 S.W. 91 FT. LAUDERG	OFFICERS AND DIRE TH AVE. DALE FL TH AVE.	CTORS DELETE DELETE	13. 1.1 Ti 12 NA 1.3 ST 1.4 Ci 2.1 Ti 2.2 NA 2.3 ST 2.4 CC 3.1 Ti 3.2 NA	TADENI SIGNALIVE RE TILE THE TADDRESS TY-ST-ZIP TILE THEET ADDRESS TY-ST-ZIP TILE THEET ADDRESS	equired when reinstating)	DATE	D DIRECTOR Change	S IN 12 Addition Addition
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP	OFFICERS AND DIRE TH AVE. DALE FL TH AVE.	CTORS DELETE DELETE DELETE	13. 1.1 TI 12 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA 3.3 ST 3.4 C	T Agent eignature re TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS	equired when reinstating)	DATE	D DIRECTOR Change Change	S IN 12 Addition Addition
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE	OFFICERS AND DIRE TH AVE. DALE FL TH AVE.	CTORS DELETE DELETE	13. 1.1 TI 12 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/ 3.3 SI 3.4 C 4.1 TI	TAgent eignature re TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS MTY-ST-ZIP TLE MME REET ADDRESS MTY-ST-ZIP TLE	equired when reinstating)	DATE	D DIRECTOR Change	S IN 12 Addition Addition
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME NAME	OFFICERS AND DIRE TH AVE. DALE FL TH AVE.	CTORS DELETE DELETE DELETE	13. 1.1 TI 12 NA 1.3 SI 1.4 CI 2.1 TI 2.2 NA 2.3 SI 2.4 C 3.1 TI 3.2 NA 3.3 SI 3.4 C 4.1 TI 4.2 NA	J Agent signature re TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME	equired when reinstating)	DATE	D DIRECTOR Change Change	S IN 12 Addition Addition
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRE TH AVE. DALE FL TH AVE.	CTORS DELETE DELETE DELETE	13. 1.1 T/ 12 N/ 1.3 S1 1.4 C/ 2.1 T/ 2.2 N/ 2.3 S1 2.4 C/ 3.1 T/ 3.2 N/ 3.3 S1 3.4 .C 4.1 T/ 4.2 N/ 4.3 S1	J Agent eignature re TLE MME PREET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS	equired when reinstating)	DATE	D DIRECTOR Change Change	S IN 12 Addition Addition
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME NAME	OFFICERS AND DIRE TH AVE. DALE FL TH AVE.	CTORS DELETE DELETE DELETE	13. 1.1 T/ 12 N/ 1.3 S1 1.4 C/ 2.1 T/ 2.2 N/ 2.3 S1 2.4 C/ 3.1 T/ 3.2 N/ 3.3 S1 3.4 .C 4.1 T/ 4.2 N/ 4.3 S1	J Agent signature re TLE MME MEET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP	equired when reinstating)	DATE	D DIRECTOR Change Change	S IN 12 Addition Addition
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP	OFFICERS AND DIRE TH AVE. DALE FL TH AVE.	DELETE DELETE DELETE DELETE	13. 1.1 II 12 N/ 1.3 SI 1.4 Ci 2.1 Ti 2.2 N/ 2.3 SI 2.4 C 3.1 Ti 3.2 N/ 3.3 SI 3.4 . C 4.1 Ti 4.2 N 4.3 SI 4.4 Ci	J Agent eignature re TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE TLE TREET ADDRESS TY-ST-ZIP TLE	equired when reinstating)	DATE	D DIRECTOR Change Change Change	S IN 12 Addition Addition Addition
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME STREET TADDRESS C-TY-ST-ZIP TITLE	OFFICERS AND DIRE TH AVE. DALE FL TH AVE.	DELETE DELETE DELETE DELETE	13. 1.1 T/ 12 N/ 1.3 S1 1.4 C/ 2.1 T/ 2.2 N/ 2.3 S1 2.4 C/ 3.1 T/ 3.2 N/ 3.3 S1 3.4 C/ 4.1 T/ 4.2 N/ 4.3 S1 4.4 C/ 5.1 T/ 5.2 N/	J Agent eignature re TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE TLE TREET ADDRESS TY-ST-ZIP TLE	equired when reinstating)	DATE	D DIRECTOR Change Change Change	S IN 12 Addition Addition Addition
TILE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME	OFFICERS AND DIRE TH AVE. DALE FL TH AVE.	DELETE DELETE DELETE DELETE	13. 1.1 TI 12 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 TI 3.2 N 3.3 SI 4.4 CI 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N 5.3 SI 5.3 S	J Agent eignature re TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS	equired when reinstating)	DATE	D DIRECTOR Change Change Change	S IN 12 Addition Addition Addition
TILE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRE TH AVE. DALE FL TH AVE.	DELETE DELETE DELETE DELETE	13. 1.1 TI 12 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 TI 3.2 N 3.3 SI 4.4 CI 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N 5.3 SI 5.3 S	J Agent eignature re TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE REET ADDRESS TY-ST-ZIP TLE REET REET ADDRESS TY-ST-ZIP TLE REET REET REET REET REET REET REET REE	equired when reinstating)	DATE	D DIRECTOR Change Change Change	S IN 12 Addition Addition Addition
TILE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP	OFFICERS AND DIRE TH AVE. DALE FL TH AVE.	DELETE DELETE DELETE DELETE	13. 1.1 T/ 12 N/ 1.3 S1 1.4 C/ 2.1 T/ 2.2 N/ 2.3 S1 2.4 C/ 3.1 T/ 3.2 N/ 3.3 S1 3.4 C/ 4.1 T/ 4.2 N/ 4.3 S1 4.4 C/ 5.1 T/ 5.2 N/ 5.3 S1 5.4 C/ 5.5 T/ 5.5 S1	J Agent signature re TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME	equired when reinstating)	DATE	D DIRECTOR Change Change Change Change	S IN 12 Addition Addition Addition Addition Addition
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRE TH AVE. DALE FL TH AVE.	DELETE DELETE DELETE DELETE	13. 1.1 TI 12 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 TI 3.2 N 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N 5.3 SI 5.4 CI 6.1 TI 6.2 N	J Agent signature re TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME	equired when reinstating)	DATE	D DIRECTOR Change Change Change Change	S IN 12 Addition Addition Addition Addition Addition

I have an energy definity that the information supplied with this liting does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Truther 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 an attachment with an address.

SIGNATURE: