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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

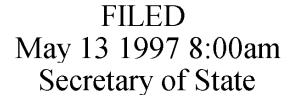
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 841631

AWHITE KNIGHT, INC.

(5)



Principal Place of Business Mailing Address C/O W. PHIL MCCONAGHEY BX1 SW 72ND AVE. PEMBROKE PINES FL 33023 PEMBROKE PINES FL 33023					3. Date Incorporated or Qualified 3a. Date of Last Report			
					10/16/1978	05/01/		
· ·	Place of Business	2a. Mailing Address			4. FET Number 59-1857926			oplied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$		ot Applicable Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	<u> </u>		equired
City & State	е	City & State			6. Election Campaign Financing			May Be
Zip	Country	28	Countr	v	Trust Fund Contribution	D stangible toy		to Fees
24	25	29	30	,	8. This corporation has liability for in Florida Statutes	ntangibie tax Î Yes □ N		. 199.032,
	9. Name and Address of Curren				10. Name and Address of New Reg			
	ONAGHEY, W. PHIL		81	Name				
621 SW 72ND AVE. PEMBROKE PINES FL 33023			82	Street Add	ess (P.O. Box Number is Not Acceptable)			
PEM	DHUNE PINES PL 33023		83	3				
?								
11.			84	Gity	•	FL 8	5 Zip i	Code
SIGNATURE	Signature, typed or profiled name of registered ages Of ETICERS AND	D DIRECTORS	13.	gest signature requi	ict wish rensisting) ADDITIONS/CHANGES TO OFFIC			
TITLE	MCCONAGHEY, BRUCE	☐ DELETE	1.1 THLE	1		L	Change	Addition
STREET ADDRESS	621 SW 72ND AVE			1 ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES, FL 00000		1.4 CITY-]				
TITLE .	PD	DELETE	217018				Change	Addition
NAME	MCCONAGHEY, W PHIL		2.2 NAME					
STREET ADDRESS	621 SW 72ND AVE PEMBROKE PINES, FL 00000			1 ADDRESS				
CITY-ST-ZIP	V	DELETE	2. 4 CITY - 3.1 TITLE	- ST - ZIP			Change	Addition
NAME	MCCONAGHEY, BARRY		3.2 NAME				c.nag.	<u></u>
STREET ADDRESS	621 SW 72ND AVE		3 3 STHEE	T ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES, FL 00000		3.4. CITY-	-S1 - 71P				_
TITLE	S" MCCONAGHEY, GAIL	L) DELETE	4.1 TITLE			L	Change	☐ Addition
NAME STREET ADDRESS	621 SW 72ND AVE		4. 2 NAME					
CITY-ST-ZIP	PEMBROKE PINES, FL 00000		4.3 STREE	1 ADDRESS ST-ZIP				
TITLE		DETETE	5.1 TITLE	21.12			Change	Addition
NAME			5 2 NAME					
STREET ADDRESS			5.3 STREE	1 ADDRESS				
CITY-ST-ZIP			5.4 CITY -	S1-ZIP				
TITLE		☐ DELETE	61 100			L	Change	☐ Addition
NAME expect annuege			6.2 NAME					
STREET ADDRESS CITY-ST-ZIP				T ADDRESS				
	by certify that the information supplied	d with this filma does not au	64 City- alify for the ex-		d in Section 119.07(3)(i). Florida Statutes	s. I further cer	tify that	the

I do makely definy that the information supplied with this iming does not qualify on the exemption state in Secretary 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 eath; 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.