NMOOD FL 33021       HOLLTWOOD FL 33021-8543 US       S. Date Incorporated or Qualified O5/01/1996       3a. Date of Last Report O5/01/1996         Encupal Place of Business       2a. Mailing Address       4. FEI Number 26       Applied For Not Applicable         uite, Apt #, etc.       Suite, Apt. #, etc.       Suite, Apt. #, etc.       5. Certificate of Status Desired       \$8,75 Additional Fee Required         11/y & State       City & State       5. Certificate of Status Desired       \$8,75 Additional Fee Required         11/y & State       City & State       5. Country       8. Election Campaign Financing       \$5.00 May Be Added to Fees         11/y & State       Country       Zip       Country       8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No         9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       Yes       No         411       RCOSSMAN, JAY       81       Name       82       Street Address (P.O. Box Number is Not Acceptable)       FL       85       Zip Code         Fursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 1 am familar with, and accept the obligations of. Section 607.0505, Florida Statutes.       83	ANNU	PROFIT RPORATION JAL REPORT <b>1997</b>		Sandra B.	of State	=	1997 8:00an ary of State
Plant Plance         Maining Audress           ASS         PASS           MNOOD PL 3321         PASS           MOOD PL 3321         PASS           Maining Audress         PASS           PASS         Subit Postportated or Cualified           Status         PASS           PASS         Subit Postportated or Cualified           PASS         Subit Postportated or Cualified           PASS         Subit Postportated or Cualified           PASS         Subit Postportated or Cualified         Status Postportated or Cualified           PASS         Subit Postportated or Cualified         Status Postportated or Cualified           PASS         Subit Postportated or Cualified         Status Postportated or Cualified           PASS         Subit Postportated or Cualified         Status Postportated or Postportated or Postportated or Postportated Postportate	Corporation	n Namo	56771	(1)			NA ANA ANA ANA ANA ANA ANA ANA ANA ANA
Tracpol Place of Flueners	s. park r 425	RD.	200 S #425 HOLL	PARK RD.	3	<ol> <li>Date Incorporated or Qualified</li> </ol>	Sa. Date of Last Report
Set     Set     Set 3132914     Incl Appleable       y & State     27     Suite, Apt #, etc.     \$8,75,76,000     \$8,75,76,000       y & State     Cri y & State     E. Election Campaign Prancing     \$5,00 May be Analyzed       y & State     27     Country     E. This corporation Prancing     \$5,00 May be Analyzed       y & State     20     Country     E. This corporation tablebility for Inlargible tax under is. 199,032.       g & State     20     Country     E. This corporation tablebility for Inlargible tax under is. 199,032.       g & State     10. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent       g & State     10. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent       g & State     10. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent       g & State     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       g & State     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       g & State     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       g & Chr     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       g & Chr     10. Name and Address of New Registered Agent     10. Name an	rncøal P	lace of Business	<b>2a</b> , M	ailing Address			
B. Corticlas of Status Desired     Corting & Status Parined     Status			26			36-3132914	Not Applicable
bity & State     City & State     City & State     6. Election Company: Financing     \$5.00 May, Bas       71     Za     Za     So     That Fund Contribution     Added to Face       71     Za     Za     So     That Fund Contribution     Added to Face       72     Za     So     That Fund Contribution     Added to Face       73     Za     So     That Fund Contribution     Name and Address of Nor.       74     State Address of Current Registered Agent     10. Name and Address of Nor.     Name and Address of Nor.       75     State Address of Current Registered Agent     11. Name and Address of Nor.     Name and Address of Nor.       75     State Address of Current Registered Agent     10. Name and Address of Nor.     Name and Address of Nor.       76     City & State     State Address of Nor.     10. Name and Address of Nor.     10. Name and Address of Nor.       76     City address of Nor.     10. Name and Address of Nor.     10. Name and Address of Nor.     10. Name and Address of Nor.       77     Cong address of Nor.     10. Name and Address of Nor.     10. Name and Address of Nor.     10. Name and Address of Nor.       78     Cong address of Nor.     10. Name and Address of Nor.     10. Name and Address of Nor.     10. Name and Address of Nor.       77     Cong address of Nor.     10. Name and Address	uite, Apt.	#, @[C.	<u>⊢</u> –1	ute, Apt. #, etc.		5. Certificate of Status Desired	
gs     Country     Zp     Country     P     This constant has liability for thangible to under a. 199.032. Provide Statutes       get     gs     Name and Address of Current Registered Agent     Name and Address of New Registered Agent       GROSSNAN, LAY     Statutes     Statutes     Name and Address of New Registered Agent       GROSSNAN, LAY     Statutes     Street Address (P.O. Box Number is Not Acceptable)       FT LAUDERDALE FL 33301     Ft     Street Address (P.O. Box Number is Not Acceptable)       Full     Street Address (P.O. Box Number is Not Acceptable)     Ft       Full     Street Address (P.O. Box Number is Not Acceptable)     Ft       Full     Street Address (P.O. Box Number is Not Acceptable)     Ft       Full     Street Address (P.O. Box Number is Not Acceptable)     Ft       Full     Street Address (P.O. Box Number is Not Acceptable)     Ft       Full     Street Address (P.O. Box Number is Not Acceptable)     Ft       Full     Street Address (P.O. Box Number is Not Acceptable)     Ft       Full     Street Address (P.O. Box Number is Not Acceptable)     Ft       Full     Street Address (P.O. Box Number is Not Acceptable)     Ft       Full     Street Address (P.O. Box Number is Not Acceptable)     Ft       Full     Street Address (P.O. Box Number is Not Acceptable)     Ft       Street Address (P.O. Box Numb	ity & State	υ	Ci	ty & State	·····		
	ip	}	ry Zi	· ·	—	8. This corporation has liability for	Intangible tax under s. 199.032,
Store LAS OLAS BLVD.         TH FLOOR         FT LAUDERDALE FL 33301         B2         Store LAS OLAS BLVD.         TH FLOOR         FT LAUDERDALE FL 33301         B2         Store LAS OLAS BLVD.         B4         CIV         B4         CIV         B4         CIV         B4         CIV         B4         CIV         B4         CIV         B4         B4         B4         CIV         B4         B4         CIV         B4         B4         CIV         CV         CV         CV         CV         CV <td></td> <td></td> <td>CONTRACTOR OF A CONTRACTOR OF</td> <td></td> <td>30]</td> <td></td> <td></td>			CONTRACTOR OF A CONTRACTOR OF		30]		
OFFICE RS AND DIRECTORS     13.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       PD     DELETE     1 TITLE       KAHN, ELLIS     DELETE     1 TITLE       200 S. PARK RD.     13. TITLE       HOLLYWOOD FL     DELETE       DELETE     2 TITLE       DELETE     2 TITLE       2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       200 S. PARK RD.     13. TITLE       HOLLYWOOD FL     DELETE       DELETE     2 TITLE       2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       2 NAME     13. STRET ADDRESS       S1.20*     DELETE       1 ADDRESS     3. STRET ADDRESS       S1.20*     DELETE       1 ADDRESS     1. ADDRESS       S1.20*     DELETE       1 ADDRESS     1. ADDRESS <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>							
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I do hereby certify that the information supplied with this filing does not qualify for the exemption stategin Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual reports due and accurate and the my signature shall have the same legal effect as if made under oath; that here is a supplementation of the same legal effect as if made under oath; that here is a supplementation of the same legal effect as if made under oath; that here is a supplementation of the same legal effect as if made under oath; that here is a supplementation of the same legal effect as if made under oath; that here is a supplementation of the same legal effect as if made under oath; that here is a supplementation of the same legal effect as if made under oath; that here is a supplementation of the same legal effect as if made under oath; that here is a supplementation of the same legal effect as if made under oath; that here is a supplementation of the same legal effect as if made under oath; that here is a supplementation of the same legal effect as if made under oath; that here is a supplementation of the same legal effect as if made under oath; that here is a supplementation of the same legal effect as if made under oath; that here is a supplementation of the same legal effect as if made under oath; that here is a supplementation of the same legal effect as if made under oath; that here is a supplementation of the same legal effect as if made under oath; that here is a supplementation of the same legal effect as if made under oath; that here is a supplementation of the same legal effect as if made under oath; that here is a supplementation of the same legal effect as if made under oath; that here is a supplementation of the same legal effect as if made under oath; that here is a supplementation of the same legal effect as if made under oath; that here is a supplementation of the same legal effect as if made under oath; that here is a supplementation of the sa	office or r agont 1 a NATURE ' ADDRESS SI-ZIP 1 ADDRESS SI-ZIP 1 ADDRESS SI-ZIP 1 ADDRESS SI-ZIP 1 ADDRESS SI-ZIP 1 ADDRESS SI-ZIP	PD KAHN, ELLIS 200 S. PARK RD.	th, in the State of Florida. cept the obligations of, S re of registered agent and life if a	Such change was a ection 607.0505, FI0	IS, The BOOVE-Damed Coulthorized by the corporation Statutes. Registered Agent signature required Statutes. 13. 1.1 Tiffle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ation's board of directors. I hereby acce uired when reinstating)	FL         purpose of changing its registered         parte         DATE         CERS AND DIRECTORS IN 12         Change       Addition
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