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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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May 06 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPÓRATIONS

DOCUMENT # F04728

(4)

RICHMAN, GUTTENMACHER & BOHATCH, P.A.

Principai Piace	- CD la ana	A de Directo A adalesce o			160 SE 4000 BENNIK ALAK 1818 BENNIK 18	
Principal Place of Business  19 W. FLAGLER ST. 14TH FLOOR MIAM! FL 83130		Mailing Address 18 W. FLAGLER ST. 14TH FLOOR MIAMI FL 33130-4400				
US		US			¥	
				3. Date Incorporated or Qualified 11/07/1980	3a. Date of Last Re 04/26/1996	eport
2. Principal Pla	ace of Business	2a, Mailing Address		4. FEI Number		plied For
21		[26]				t Applicab
Sulte, Apl. #, etc.		Suite, Apt. #, ctc.		5. Certificate of Status Desired	\$8.75	
2		27		Certificate of Status Desired	Fee Re	quired
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b>	May Bo
3		28	T - 8	Trust Fund Contribution	Added t	
Zip 4	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. Yes 🏻 No	. 199.032,
<u> </u>	9. Name and Address of Current	29    Registered Agent	30	Florida Statutes  10, Name and Address of New Reg		
ап	TENMACHER, EDWARD P.		B1 Name			
	EST FLAGLER ST.					
14TH FLOOR		82 Street A		ddress (P.O. Box Number is Not Acceptable)		
	Al FL 33130		83			<del></del>
) ·					lest 45 v	01-
			84 City		FL B5 Zip C	Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Stat	utes, the above-named co	orporation submits this statement for the pi ration's board of directors. I hereby accep	urpose of changing it	s registere
αδαικ∷ ι su	mamiliar with, and accept the obliga					
GNATURE	Signature, typed or printed name of registered agen	it end title If applicable (NC	Off Registered Agent signature rec	quired when reinstaing)	DATE	
SĮGNATURE 12.		it end title If applicable (NC	1		DATE	RS IN 12
SIGNATURE 5	Signature, typed or printed name of trupishered agent OFFICERS AND	it end title If applicable (NC DIRECTORS	OTE Registored Agent signature res	quired when reinstaing)	DATE ERS AND DIRECTOR	RS IN 12
SIGNATURE - 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D RICHMAN, JEROME S. 19 W. FLAGLER ST.	it end title If applicable (NC DIRECTORS	DIE Registered Agent signsture res	quired when reinstaing)	DATE ERS AND DIRECTOR	RS IN 12
SIGNATURE TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D RICHMAN, JEROME S. 19 W. FLAGLER ST. MIAMI FL	nt and title if applicable (NO DDIRECTORS DELETE	OIL Registered Agent signature res	quired when reinstaing)	DATE ERS AND DIRECTOR	RS IN 12
SIGNATURE 12.  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D RICHMAN, JEROME S. 19 W. FLAGLER ST. MIAMI FL STD	it end title If applicable (NC DIRECTORS	13. 1.1 HILE 1.2 NAME 1.3 STREET ADDRESS	quired when reinstaing)	DATE ERS AND DIRECTOR	RS IN 12
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