FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

NAME

STREET ACORESS
CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED						
Jan	14	1997	8:00am			
Se	ecre	etary o	of State			

	1997	DIVISION O	F CORPORATIONS	_ Secretary	of State
DOCUI 1. Corporation YOMA, I		6 (7)		! IMMERIAN CELL NAVAL AND IN THE POLICE OF IN	NKARA RIBUH PIBUK BIBUH BIBUH BIBUH BIBUK 1881.
Principal Place	e of Business	Mailing Address			12131 12151 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
429 SEABREEZ		429 SEABREEZE AVENU		The same of the sa	the state of the s
FT. LAUDERDA	LE FL 33316	FT. LAUDERDALE FL &	3316-1632		
				3. Date incorporated or Qualified	3a. Date of Last Report
				12/11/1980	01/30/1996
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2046631	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional
City & State		City & State			Fee Required
· ·	=	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30		Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	istered Agent
LAVE	ENDER, JOEL R.		81 Name		:
	E. LAS OLAS BLVD.		82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
	TE 202				
F1. \	LAUDERDALE FL		83		
}			84 City		85 Zip Code
				Paris o compressor de la resolución de la referencia de la referencia de la referencia de la referencia de la r	FL 88 Zip Gode
office of re	egistered agent, or both, in the State	e of Florida. Such change wa	is authorized by the corpor	rporation submits this statement for the pi ation's board of directors. I hereby accep	t the appointment as registered
1	m familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Statutes.		
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (F	KOTE: Registered Agent signature req	uired when reinstating)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	PST	☐ DEFLE	1,1 TITLE		Change Addition
NAME	DAY, JOHN P.		1.2 NAME		
STREET ADDRESS	2631 SEA ISLAND DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	- I DSI CTE	1.4 CITY-ST-ZIP		Shares Addition
TITLE	D DAY, JOHN P.	DELETE	2.1 TITLE		Ghange Addition
NAME STREET ADDRESS	2631 SEA ISLAND DR.		2.2 NAME 2.3 STREET ADDRESS		
SITY+ST+ZP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	VP	DELETE	3.1 TITLE		Change Addition
NAME	PROFFER, PHILIP PAUL	_	3.2 NAME		_ , , _
STREET ADDRESS	3100 NE 47TH CT #4		3.3 STRSET ADDRESS		
Cffy-ST-Z;P	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ACIDRESS		
C!TY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ACCRESS		
CITY-ST-ZIP		1 I hei stre	5,4 CITY - ST - ZIP	·	Change Addition

14. I do hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME 6.3 STREET ADDRESS