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 # F12940

(5)

HEAVY TRANSMISSION, INC. Principal Place of Business Mailing Address 8826 FUNSTON STREET HOLLYWOOD FL 33023 HOLLYWOOD FL 33023-1932									
					 Date Incorporated or Qualified 12/29/1980 		ate of Last 01/1996		
2. Principal Place	e of Business	26. Mailing Address			4. FEI Number NOT APPLICABLE			Applied For Not Applicable	
Sulte, Apt. #, etc.		26 Suite, Apt. #, etc.				Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	, manuscript, and the state of	City & State		17.57	6. Election Campaign Financing	<u></u>		O May Be	
3] Zip	Country	28 Z _t p	Cour	ntry	Trust Fund Contribution 8. This corporation has liability fo	r intangible	tax under	d to Fees s. 199.032,	
4]	25 9. Name and Address of Cu	reent Registered Agent	30		Florida Statutes 10. Name and Address of New F	Yes			
and the commence of the second second second		non nohistolan Whalit		81 Name	IV. ITAINE BILL AUDIESS OF NEW IT	io Biorgi AÖ	√Aeilf		
	TIS, GEORGE							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
16847 NW 57TH AVENUE MIAMI FL 33055			82 Street A		ress (P.O. Box Number is Not Accepte	able)			
			<u></u>	B3					
			}	B4 City			85 Zi	p Code	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					FL	. '		
SIGNATURE		.0502 and 607-1508, Florida Stati state of Florida Such change was bligations of, Section 607.0505, F					· · · · · · · · · · · · · · · · · · ·		
SIGNATURE 6.5	o trace type of as purel of narrae of respective. OF FICE RS			Agen! signature requi	ired when reinstaling) ADDITIONS/CHANGES TO OFF	DATE		ORS IN 12	
SIGNATURE 5.5 12. THUE P	OFFICERS NOLFF, GUY	st agent and little if applicable (NC AND DIRECTORS	13. 1.1 T(I	Agent signature requ	ired when reinstaling)	DATE	DIRECTO	ORS IN 12	
SIGNATURE 12. Inte P NAME STREET AUDRESS 5	OFFICERS WOLFF, GUY 1826 FUNSTON ST	st agent and little if applicable (NC AND DIRECTORS	13. 1.1 T(I 1.2 NA 1.3 ST	Agent signature requi LE ME REET ADDRESS	ired when reinstaling)	DATE	DIRECTO	ORS IN 12	
SIGNATURE 12. THE PART OF STREET ADDRESS 5 CHY-ST-ZP H	OFFICERS NOLFF, GUY	st agent and little if applicable (NC AND DIRECTORS	13. 1.1 T(I 1.2 NA 1.3 ST	Agent signature requires LE ME ME REET ADDRESS Y- ST-ZIP	ired when reinstaling)	DATE	DIRECTO	ORS IN 12	
SIGNATURE 12. HUE HAME STREET ADDRESS CHY-ST-ZP HE	OFFICERS WOLFF, GUY 1826 FUNSTON ST	stagent una nite if applicable (NC AND DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 STI 1.4 CII	Agent signature require. LE ME ME MEET ADDRESS Y-S1-ZIP LE	ired when reinstaling)	DATE	DIRECTO	ORS IN 12	
SIGNATURE S.5 12. THE PARME PROPERS SHEET ADDRESS HE HOTELE POILE	OFFICERS WOLFF, GUY 1826 FUNSTON ST	stagent una nite if applicable (NC AND DIRECTORS DELETE	13. 1.1 TII 12 NA 1.3 STI 1.4 CII 2.1 TIT 2.2 NA	Agent signature require. LE ME ME MEET ADDRESS Y-S1-ZIP LE	ired when reinstaling)	DATE	DIRECTO	ORS IN 12	
SIGNATURE 12. OHLE NAME SHEEL ADDRESS FILE NAME SHEEL ADDRESS DILY-SI-ZP H SHEEL ADDRESS DILY-SI-ZP DILY-SI-ZP	OFFICERS WOLFF, GUY 1826 FUNSTON ST	Stagent was takent approaches (NC AND DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 STI 1.4 CII 2.1 TIY 2.2 NA 2.3 STI 2.4 CI	Agent signature requires ME ME ME ME ME ME ME ME ME M	ired when reinstaling)	DATE	DIRECTO Change	ORS IN 12 Additio	
SIGNATURE 12. THUE NAME SIREELAUDRESS GULY-SI-7P HILE NAME SUPELAUDRESS CHY-SI-7P HELE	OFFICERS WOLFF, GUY 1826 FUNSTON ST	stagent una nite if applicable (NC AND DIRECTORS DELETE	13. 1.1 TH 12 NA 1.3 STI 1.4 GRI 2.1 TH 2.2 NA 2.3 STI 2.4 GRI 2.3 STI 2.4 GRI 3.1 TH	Agent signature required. LE ME ME METADDRESS Y-ST-ZIP LE MEETADDRESS IY-ST-ZIP LE	ired when reinstaling)	DATE	DIRECTO	ORS IN 12 Addition	
SIGNATURE 12. ITUE NAME SHEEL AUDRESS FITTE NAME STREEL ADDRESS CITY - ST - ZP TELL NAME	OFFICERS WOLFF, GUY 1826 FUNSTON ST	Stagent was takent approaches (NC AND DIRECTORS DELETE	13. 1.1 TH 1 2 NA 1.3 STI 2 1 TH 2 2 NA 2.3 STI 2 4 CH 3.1 TH 3.2 NA	Agent signature required. LE ME ME METADDRESS Y-ST-ZIP LE MEETADDRESS IY-ST-ZIP LE	ired when reinstaling)	DATE	DIRECTO Change	ORS IN 12 Additio	
SIGNATURE 12. ITUE NAME SIREEL AUDRESS DITUE NAME SIREEL ADDRESS CITY ST - ZP TELE NAME SIREEL ADDRESS STREET NAME STREET ADDRESS	OFFICERS WOLFF, GUY 1826 FUNSTON ST	ed aggert men min d'aggrécable (NC AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TH 12 NA 1.3 STI 1.4 CH 2.1 TH 2.2 NA 2.3 STI 2.4 CH 3.1 TH 3.2 NA 3.3 STI	Agent signature required. LE ME ME ME ME ME ME ME ME AGET ADDRESS Y-ST-ZIP LE ME	ired when reinstaling)	DATE	DIRECTO Change	ORS IN 12 Addition	
SIGNATURE 12. THUE NAME SINCE AUDRESS GHY-SI-ZP HULLE NAME CHY-SI-ZP HULL NAME SINCE ADDRESS CHY-SI-ZP HULL NAME SINCE ADDRESS CHY-SI-ZP	OFFICERS WOLFF, GUY 1826 FUNSTON ST	Stagent was takent approaches (NC AND DIRECTORS DELETE	13. 1.1 TH 12 NA 13 STI 14 CH 21 TH 22 NA 2.3 STI 2.4 CH 3.1 TH 3.2 NA 3.3 STI 3.4 CH 4.1 TH	Agent signature required. LE ME ME NEET ADDRESS Y-ST-ZIP LE ME NEET ADDRESS IY-ST-ZIP LE ME NEET ADDRESS IY-ST-ZIP LE ME NEET ADDRESS	ired when reinstaling)	DATE	DIRECTO Change	ORS IN 12 Additio	
SIGNATURE 12. THUE NAME SIREEL AUDRESS GHY-SI-ZP THUE NAME SIREEL ADDRESS CHY-SI-ZP THUE NAME SIREEL ADDRESS CHY-SI-ZP THUE NAME SIREEL ADDRESS CHY-SI-ZP THUE NAME	OFFICERS WOLFF, GUY 1826 FUNSTON ST	ed aggert men min d'aggrécable (NC AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TH 12 NA 13 STI 14 CR 21 TH 22 NA 2.3 STI 2.4 CR 3.1 TH 3.2 NA 3.3 STI 3.4 CR 4.1 TH 4.2 NA	Agent signature required. E.E	ired when reinstaling)	DATE	D DIRECTO Change Change	ORS IN 12 Addition Addition Addition	
SIGNATURE 12. 110.F NAME SIREE ADDRESS CHY-SI-Z-P DILE NAME SIREE ADDRESS CHY-SI-Z-P TICLE NAME SIREE ADDRESS CHY-SI-Z-P TICLE NAME SIREE ADDRESS CHY-SI-Z-P TICLE NAME STREE ADDRESS STREE ADDRESS STREE ADDRESS	OFFICERS WOLFF, GUY 1826 FUNSTON ST	ed aggert men min d'aggrécable (NC AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TII 12 NA 13 STI 14 CR 21 TIT 22 NA 2.3 STI 2.4 CR 3.1 TII 32 NA 3.3 STI 34 CR 4.1 TII 4.2 NJ 4.3 STI 4.3 STI	Agent signature required. E.E	ired when reinstaling)	DATE	D DIRECTO Change Change	ORS IN 12 Additio	
SIGNATURE 12. ITUE NAME SIREELADDRESS GHY-SI-ZP TITLE NAME SIREELADDRESS CHY-SI-ZP TITLE NAME SIREELADDRESS CHY-SI-ZP TITLE NAME SIREELADDRESS CHY-SI-ZP TITLE STREELADDRESS CHY-SI-ZP	OFFICERS WOLFF, GUY 1826 FUNSTON ST	d agent und title d'applicable (NC AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TII 12 NA 13 STI 14 CR 21 TII 22 NA 2.3 STI 2.4 CR 31 TII 32 NA 33 STI 34. CR 4.1 TII 4.2 NJ 4.3 STI 4.4 CR	Agent signature required. E.E	ired when reinstaling)	DATE	D DIRECTO Change Change Change	ORS IN 12 Addition Addition Addition	
SIGNATURE 12. ITHE NAME SIREEL ADDRESS CHY-SI-ZP H FILE NAME SIREEL ADDRESS CHY-SI-ZP ITHE NAME STREEL ADDRESS CHY-SI-ZP	OFFICERS WOLFF, GUY 1826 FUNSTON ST	ed aggert men min d'aggrécable (NC AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TII 12 NA 1.3 ST 1.4 GII 21 TIT 22 NA 2.3 STI 2.4 CII 31 TII 32 NA 3.3 STI 34. CII 4.2 NV 4.3 ST 4.4 CII 5.1 TII	Agent signature required. LE ME ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE	ired when reinstaling)	DATE	D DIRECTO Change Change	ORS IN 12 Additio Additio	
SIGNATURE 12. SITUE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	OFFICERS WOLFF, GUY 1826 FUNSTON ST	d agent und title d'applicable (NC AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TII 12 NA 1.3 STI 22 NA 2.3 STI 2.4 CI 3.1 NI 32 NA 3.3 STI 34. CI 4.1 TII 4.2 NA 4.3 ST 4.4 CII 5.2 NA	Agent signature required. LE ME ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE	ired when reinstaling)	DATE	D DIRECTO Change Change Change	ORS IN 12 Addition Addition Addition	
SIGNATURE 12. THUE NAME SHEEL AUDRESS CHY-SI-ZP THLE NAME SHEEL ADDRESS CHY-SI-ZP THLE NAME STREEL ADDRESS	OFFICERS WOLFF, GUY 1826 FUNSTON ST	d agent und title d'applicable (NC AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TII 12 NA 1.3 STI 22 NA 2.3 STI 2.4 CI 3.1 TII 32 NA 3.3 STI 34 CI 4.1 TII 4.2 NV 4.3 STI 4.4 CII 5.1 TII 52 NA	Agent signature required. LE ME ME ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME ME REET ADDRESS IY-ST-ZIP LE ME	ired when reinstaling)	DATE	D DIRECTO Change Change Change	ORS IN 12 Addition Addition Addition	
SIGNATURE 12. THUE NAME STREEL AUDRESS GHY-SI-ZP THLE NAME STREEL ADDRESS CHY-SI-ZP THELE NAME STREEL ADDRESS CHY-SI-ZP THLE NAME STREEL ADDRESS CHY-SI-ZP THLE NAME STREEL ADDRESS CHY-SI-ZP THLE NAME STREEL ADDRESS CHY-SI-ZP STREEL ADDRESS CHY-SI-ZP	OFFICERS WOLFF, GUY 1826 FUNSTON ST	d agent und title d'applicable (NC AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TII 12 NA 1.3 STI 22 NA 2.3 STI 2.4 CI 3.1 TII 32 NA 3.3 STI 34 CI 4.1 TII 4.2 NV 4.3 STI 4.4 CII 5.1 TII 52 NA	Agent signature required. LE ME ME ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME ME REET ADDRESS V-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP	ired when reinstaling)	DATE	D DIRECTO Change Change Change	ORS IN 12 Additio Additio	
SIGNATURE 12. THUE NAME SIRELLAUDRESS GHY-SI-ZP THLE NAME SIPELLADDRESS CHY-SI-ZP THLE NAME STRELLADDRESS CHY-SI-ZP THLE NAME STRELLADDRESS CHY-SI-ZP THLE NAME STRELLADDRESS CHY-SI-ZP THLE NAME SIRELADDRESS CHY-SI-ZP	OFFICERS WOLFF, GUY 1826 FUNSTON ST	AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TII 12 NA 1.3 STI 14 CII 22 NA 2.3 STI 2.4 CI 3.1 NI 3.2 NA 3.3 STI 4.4 CII 4.2 NA 4.3 ST 4.4 CII 5.1 TII 5.2 NA 5.3 ST 5.4 CII 5.4 CII 5.4 CII 5.5 TII 5.5 TII 5.7 TI	Agent signature required. LE ME	ared when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO Change Change Change Change	ORS IN 12 Addition Addition Addition	
SIGNATURE 12. THUE P NAME V STREET AUDRESS 5	OFFICERS WOLFF, GUY 1826 FUNSTON ST	AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TH 12 NA 13 STI 14 CH 21 TH 22 NA 2.3 STI 2.4 CH 3.1 TH 3.2 NA 3.3 STI 3.4 CH 4.1 TH 4.2 NV 4.3 ST 4.4 CH 5.1 TH 5.2 NA 6.3 ST 5.4 CH 6.1 TH 6.2 NA 6.3 ST	Agent signature required. LE ME	ared when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO Change Change Change Change	ORS IN 12 Addition Addition Addition Addition	

SIGNATURE:

FILED

Mar 17 1997 8:00am

Secretary of State