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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **F34040**

(8)

FILED Jan 23 1997 8:00am Secretary of State

Principal Place of Business 1044 N.E. 15TH AVE. FT LAUDERDALE FL 33304 Principal Place of Business 1044 N.E. 15TH AVE. FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304-2311									
						3. Date Incorporated or Qualified 05/08/1981		ate of Last F /20/1996	Report
	Place of Business	2a. Mailing Addre	ess			4. FEI Number			oplied For
Suite, Apt	# etc	26 Suite, Apt. #,	etc			59-2088266			ot Applicable Additional
22	н, ск.	27	eic.			5. Certificate of Status Desired		*	Aggitional equired
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Ζφ	h	ountry		8. This corporation has liability for		e tax under s	. 199.032,
24	25 9. Name and Address of Cur	29 rent Registered Agent	30	1		Florida Statutes 10. Name and Address of New Re			
BLC	OCK, JOSEPH			81 Nar	ne				,m+c-
1044 NE 15TH AVE FT LAUDERDALE FL 33304			8:		et Addre	ess (P.O. Box Number is Not Acceptable)			
, ,				83					
				84 City	,			85 Zip	Code
	7.0						<u> </u>		
11. Pursuant	to the provisions of Sections 607 to registered agent, or both, in the St.	0502 and 607.1508, Florid	la Statutes, the	above-nam	ed corp	poration submits this statement for the join's heard of directors. I hereby acce	purpose c	n Granging i Scietmant as	hardstored
office or agent. La	to the provisions of Sections buy? cregistered agent, or both, in the St im familiar with, and accept the ob-					oration submits this statement for the points board of directors. I hereby acce	purpose copt the app	pointment as	registered
	Signature, typed or profed ristner of registered OFFICE.RS A	d agent and hite if applicable AND DIRECTORS	(NOTE Registe	red Agent signs			DATE		AS IN 12
SIGNATURE 12. TITLE	Signature typed or profed frame of registered OFFICERS a	Lagent and iste if applicable	(NOTE Registe 13 LETE 1.1	red Agent signs - TITLE		ed when reinstating)	DATE		
SIGNATURE 12. TITLE NAME	Signature typed or profed turne of registered OFFICERS / DCP BLOCK, JOSEPH	d agent and hite if applicable AND DIRECTORS	(NO1E Registe 13 LETE 1.1 1.2	red Agent signs - TITLE NAME	sture require	ed when reinstating)	DATE	D DIRECTOR	AS IN 12
SIGNATURE 12. TIFLE NAME STREET ADDRESS	Signature typed or profed fische of registered OFFICERS / DCP BLOCK, JOSEPH 1044 N.E. 15TH AVE.	d agent and hite if applicable AND DIRECTORS	(NOTE Registe 13 LETE 1.1 1.2	red Agent signa - TITLE NAME STREET ADORE	sture require	ed when reinstating)	DATE	D DIRECTOR	AS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-7IP	Signature typed or profed turne of registered OFFICERS / DCP BLOCK, JOSEPH	agent and the Papplicable AND DIRECTORS DE	(NO1E Registe 13 LETE 1.1 1.2 1.3	red Agent signs - TITLE NAME STREET ADDRE CITY-ST-ZIP	sture require	ed when reinstating)	DATE	D DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature typed or profed fische of registered OFFICERS / DCP BLOCK, JOSEPH 1044 N.E. 15TH AVE.	d agent and hite if applicable AND DIRECTORS	(NO1E Registe 13 LETE 1.1 1.2 1.3 1.4 LETE 2.1	red Agent signs - TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE	sture require	ed when reinstating)	DATE	D DIRECTOR	AS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-7/P	Signature typed or profed fische of registered OFFICERS / DCP BLOCK, JOSEPH 1044 N.E. 15TH AVE.	agent and the Papplicable AND DIRECTORS DE	(NOTE Registe 13 LEFE 1.1 1.2 1.3 1.4 LETE 2.1	red Agent signs - TITLE NAME STREET ADDRE CITY-ST-ZIP	SS	ed when reinstating)	DATE	D DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature typed or profed fische of registered OFFICERS / DCP BLOCK, JOSEPH 1044 N.E. 15TH AVE.	agent and the Papplicable AND DIRECTORS DE	(NO1E Registe 13 LEYE 1.1 1.2 1.3 1.4 LETE 2.1 2.2 2.3	red Agent signs - TITLE NAME STREET ADORE CHY-ST-ZIP TITLE NAME	SS	ed when reinstating)	DATE	D DIRECTOR Change	AS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS	Signature typed or profed fische of registered OFFICERS / DCP BLOCK, JOSEPH 1044 N.E. 15TH AVE.	agent and the Papplicable AND DIRECTORS DE	(NOTE Registe 13 LEFE 1.1 1.2 1.3 1.4 LEFE 2.1 2.2 2.3 2.4	red Agent signs TITLE NAME STREET ADORE CITY-ST-ZIP TITLE NAME STREET ADDRE	SS	ed when reinstating)	DATE	D DIRECTOR Change	RS IN 12
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I. I do hereby certify that the information supplied with this filing 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 Brock 13 if changed, or on an attachment with an address.

SIGNATURE:

The Block - Pros. 12191 954-161-1749

The AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR