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



## Sandra B. Mortham

<b></b>						<del></del>			
PROFIT FLORIDA DEPARTMENT CORPORATION Sandra S. Morti					TATE	Apr 15 1997 8:00am			
	ANNUAL REPORT Secretary of St					Secretary of State			
	1997 DIVISION OF CORPORAT					Secreta	пy	01.21	ale
1. Corporation	MENT # <b>F3732</b> 9 ASH, INC.	9 (2)							
Principal Place of Business Mailing Address						-		<b>  </b>	
% SAL MORGAN 7917 BISCAYNE BLVD. MIAMI FL 33138  % SAL MORGAN 7917 BISCAYNE BLVD. MIAMI FL 33138  MIAMI FL 33138							<del> </del>	<u> </u>	
						3. Date Incorporated or Qualifie 06/05/1981		Date of Last Re 3/06/1996	eport
2. Principal P	lace of Business	2a. Mailing Address 26				4, FEI Number 59-2133495			plied For t Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				6, Certificate of Status Desired		\$8.75 A	Additional
City & State	e	City & State				6. Election Campaign Financing	_	\$5.00	May Be
Zip	Country	Zip	Cou	ntry		Trust Fund Contribution  8. This corporation has liability f	or intangit	Added to ble tax under s.	
24	25 g. Name and Address of Curre		30	,		Florida Statutes  10. Name and Address of New	Yes Yes	□ No	
MOF	RGAN, SAL	in neglistered Agent		81	Name	10, Hallie and Addiese of Helf	Jagistala	n Mailt	
7917 BISCAYNE BLVD.					Street Addr	ess (P.O. Box Number is Not Accep	lable)		
MIAMI FL 33138								<del></del>	
				83	··································				
			1	- 1	City		F		
11, Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	02 and 607.1508, Florida Statute le of Florida. Such change was au	s, the at	ove-	named corp	oration submits this statement for th ion's board of directors. I hereby ac-	e purpose	of changing its ppointment as	s registered registered
l	m familiar with, and accept the obli	gations of, Section 607.0505, Flor	rida Stat	utes.					_
SIGNATURE	Signature, typed or printed name of registered a		-	i Agen	l signature requir	ed when reinstating)	DAYE		
12.	PD OFFICERS A	ND DIRECTORS  DELETE	13.	4 II	I	ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTOR  Change	S IN 12 Addition
NAME NAME	MORGAN, SAL	C.J DECENE	1.2 NA					change	roomon
STREET ADDRESS	7917 BISCAYNE BLVD.				ADDRESS				
CITY-ST-ZiP	MIAMI FL		1.4 CI	TY-ST	- ZIP				Ì
TITLE		☐ DELETE	2.1 Til	TLE.				Change	Addition
NAME			2.2 NA	ME					
STREET ADDRESS					ADDRESS				1
C(TY-ST-ZI)*		DELETE	2. 4 CITY 3.1 TITLE		- 2iP			Change	Addition
NAME		- Decere	3.2 NAME					C. Overige	
STREET ADDRESS					ADDRESS				
DITY-ST-ZIP			3.4. CI	TY-ST	-ZIP				
TITLE		DELETE	4.1 T)T	LLE				☐ Change	☐ Addition
NAME			4.2 N						
STREET ADDRESS					DORESS		•		
CITY+S1-7IP TITLE		DELETE	5.1 TH	TY-ST	- ZIP			Change	Addition
NAME			5.2 NA						
STREET ADDRESS	15				DDRESS				
City - St - ZiP	,		5.4 CIT		1	·			
TITLE		DELETE	6.1 [1]					☐ Change	Addition
NAME CARLES ADDRESS			6.2 NA		DDDE65				
STREET ADORESS CITY-ST-ZIP				KEET A Ty-st-	DDRESS (				1
D1111101112011	•		■ U.9 U.	11-91	· auf I				

14. I do hereby certify that the information supplied with this filing does not quality 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 chartest or on an attachment with an address.

FILED