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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F48206

(9)

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AEGER	å	YAEGER,	CPA'S,	P.A.	

Principal Place of Business Mailing Address 11420 N.KENDALL DRSTE.106 11420 N.KENDALL DRSTE.106 MIAMI FL 33176 MIAMI FL 33176-1039											
							3. Date Incorporated or Qualified 09/16/1981		te of Last 6 01/1996		
L	Page of Business	├ ──¬	ng Address				4. FEI Number 59-2140781		}	pplied For	
Suite, Apt	#, elc.	├ ─┐	, Apt. #, etc.			:	Certificate of Status Desired		\$8.75	lot Applicable Additional Regulred	
City & Stat	0	27 City	& State	JH			6. Election Campaign Financing			May Be	
23	· · · · · · · · · · · · · · · · · · ·	28					Trust Fund Contribution		Added	to Fees	
Ζιρ 24	Country 25	Zip 29		30 Cou	intry		This corporation has liability for in Florida Statutes	ntangible Yes	tax under :	s. 199,032,	
	9. Name and Address of Curr	ent Registered	Agent				10. Name and Address of New Re	gistered /	gent		
	AGER, BARBARA J				81	Name					
	20 N. KENDALL DR.				82	Street Add	dress (P.O. Box Number is Not Acceptab	le)			
	ITE 108 VMI FL 33176				63						
17117			•		84	City			85 Zip	Code	
						,	rporation submits this statement for the pation's board of directors. I hereby accep	<u>FL</u>	11		
SIGNATURE		agent and title if applic MD DIRECTOR:	S	13.		nt signature req	uired when reinstalling) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND			
Tifts	PD YAEGER, MARK L.		☐ DELETE	1.1 T/					Change	Addition	
NAME STREET ADDRESS	11420 N. KENDALL DR., SU	ITE 106		1.2 N/ 1.3 S1		ADDRESS					
CHY-S1 ZIF	MIAMI FL			1		T-ZIP					
TITLE	VPD		DELETE	2 1 TI	TLE				Change	Additio	
NAME	YAEGER, BARBARA J. 11420 N. KENDALL DR., SU	ITE #100		2.2 N/							
STREET ADDRESS	MIAMI FL	11C P 100				ADDRESS ST-ZIP					
THILE	1100 WIFE 1 (b)		DELETE	31 TI		51-7IF			Change	Addition	
N/ABI				3.2 N	AME	1					
STREET ADORESS			*	4		ADDRESS					
CDY+ST-ZIP			DELETE	3.4. C		ST-ZIP			Change	☐ Additio	
NAME			bed Dillie	4.1 II					man Olimingo		
STREET ADDRESS						ADDRESS					
CITY ST 70P		····	17 85.558			1-ZIP			TT 50		
#TCF			☐ DELETÉ	51 TI					L Change	Additio	
NAME *IF-EET ADDRESS				5.2 N		ADDRESS					
CHY-SI-ZIP						T-ZIP					
TITLE			DELETÉ	61 TI				· · · · · · · · · · · · · · · · · · ·	Change	Additio	
NAME				6.2 N	AME	1					
STREET ADDRESS				1		ADDRESS					
CHY-ST-ZP	1			6.4 C	ITY - S	ST-ZIP					

14. 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 cordination or the receipment of the exemption of the cordination or the receipment with an address in Block 12 or Block 13 if hanged, of an application with an address.

SIGNATURE

FILED

May 07 1997 8:00am

Secretary of State