## 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 # F48560

VICTOR ESCARPANTER AND ASSOCIATES, P.A.

Principal Place 7875 S.W. 40 S \$217-219 MIAMI FL 33155	ST.	Mailing Address 7875 S.W. 40 ST. S217-219 MIAM FL 33155-3510							
US		US		3. Date Incorporated or Qualified 10/07/1981	3a. Date of Last Report 03/26/1996				
2. Principal Pl	ace of Business	2a. Mailing Address				4, FEI Number 59-2129253		<u> </u>	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional Required
City & State	)	City & State				Election Campaign Financing Trust Fund Contribution			O May Be
<b>23</b> Zip	Country	28   Zip	Cou	ntry		B. This corporation has liability for in			
24	25		30				Yes 🗆		
	9, Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Rec	istered A	gent	
	ARPANTER, VICTOR			٥'	Name				
	S SW 40 ST			82	Street Add	dress (P.O. Box Number is Not Acceptable	Θ)		
	7-219 MI FL 33155			83					
•			ŀ	84	City		FL	85 Zir	Code Code
office or re agent if ar SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was a lions of, Section 607.0505, Flo	uthorized rida Stati	d by utes	the corpora	rporation submits this statement for the praticol of directors. I hereby accep	urpose of t the appo	changing intment a	its registered is registered
	Signature: typica or profed name of registered ager OFFICERS AND			Age	int signature requ	uired when reinstating)	DATE	DIDEAT	200 1140
12.	SD OFFICERS AND	DELETE	13.	1.6		ADDITIONS/CHANGES TO OFFIC		Change	
NAME	ESCARPANTER, VICTOR JR	CJ Detere	1.2 NA				,	Onlinge	C Addition
STHEET ADDRESS	12951 SW 50 LANE		1		ADDRESS				ł
CITY ST-74P	MIAMI, FL 00000		1.4 CF						
HILE	PD	DELETE	2.1 111					Change	Addition
NAME	ESCARPANTER, VICTOR	2.2 NAME							
STREET ADDRESS	8415 S.W. 107 AVE #320		2.3 ST	REET	ADDRESS				
CUTY-ST-ZIP	MIAMI,FL 00000		2. 4 Ct	TY-S	ST- <b>Z</b> IP				
THE		DELETE	3.1 TII	LE				Change	Addition
NAME			3.2 NA	ME	1				}
STREET ADDRESS					ADDRESS				
CHTY - ST - ZIF		[ ] beleve		•~-	ST - ZIP			105	T described
THEF		DELETE	4.1 10					Change	Addition
NAME STREET ADDRESS			4. 2 N		ADDRESS				
CITY - ST - 7IP			4.3 ST		}				
11/16		DELETE	5.1 7(1		1" 211			Change	Addition
NAME			5.2 NA				•		
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP			5.4 CI		1				
TITLE		DELETE	6.1 TI					Change	Addition
NAME			6.2 NA	ME	1				
STREET ADDRESS			6.3 ST	REET	ADDRESS				
CITY - ST - ZIP			6.4 CI	Y-5	T-ZIP	<u> </u>			
information Lam an of	n indicated on this annual report or si	with this filing does not qualif applemental annual report is tr the receiver or trustee empow on an attachment with an add	ue and e	Xec Xec	mption state trate and the tute this repo	ed in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legal ort as required by Chapter 607, Florida St	: I further effect as atutes; an	certify that if made u of that my	it the inder oath; that r name

SIGNATURE:

PD Date

**FILED** 

Apr 18 1997 8:00am

Secretary of State