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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block

SIGNATURE:

∕or on an attachment with an

MG OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIG



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F52276

(5)

FILED Jan 24 1997 8:00am Secretary of State

REDSTO		` ,			I LIBOURE HOL BUYA JURY HERVERAN BA		
Principal Place of Business 510 \$ PARK ROAD \$TE 10-34 HOLLYWOOD FL 33021		Mailing Address 510 S PARK ROAD STE 10-34 HOLLYWOOD FL 33021-838 US	510 S PARK ROAD STE 10-34 HOLLYWOOD FL 33021-8388				
US		US			3. Date Incorporated or Qualified 11/03/1981	3a. Date of Last Re 04/08/1996	port
· ·	aco of Business	2a. Mailing Address		n	4. FEI Number		plied For
21		26	A		59-2139769		Applicable
Suite, Apt #, etc 22		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & State		City & State			6. Election Campaign Financing	\$5.00	·
23		28	· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Countr	y	This corporation has liability for Florida Statutes	r intangible tax under s. Yes D No	199.032,
24	25 9. Name and Address of Curr	29 ent Registered Agent	30		10. Name and Address of New R		
ROT	HSTEIN, PHILIP		81	Name			
	S PARK ROAD		82	Street Addr	ess (P.O. Box Number is Not Accepta	ible)	
STE 10-34							
HOL	LYWOOD FL 33021		83				Ī
	.		84	City		FL 85 Zip C	ode
11. Pursuant I	to the provisions of Sections 607.0	502 and 807 it 508, Florida Statute	es, the abox	e-rlamed corp	poration submits this statement for the	purpose of changing its	registered
office or re	egistered agent, or both, in the Sta m tamillar with and accept the obl	te of Florida/Such change was a	authorized b	the corporat	poration submits this statement for the ion's board of directors. I hereby acce	pt the appointment as r	registered
SIGNATURE	The soll.	Kall	The	X.	l	/12/97	
	Signature: Specifier print a name of registered a			ent signature requir	red when reinstating)	PATE SIDEOTOR	
12. TITLE	OFFICERS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF	Change	S IN 12 Addition
NAME	ROTHSTEIN, PHILIP	[] better	1.2 NAME			L. Orkingo	L.J Addition
STREET ADDRESS	7492 NW 8TH ST.			T ADDRESS			
CITY - ST - ZIP	MIAMI FL		1.4 CITY-				
THEF		DELETE 2.1				Change	Addition
NAME:		22					
STREET ADDRESS				T ADDRESS			
C(TY-ST-ZIF	DELETE		2. 4 CITY - ST - ZIP			Change	Addition
TITLE		DECENE	3.1 TITLE 3.2 NAME			L. Criange	L. ADDITION
NAME STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP			3.4. CITY	1			
TITLE		DELETE	4 1 TITLE	<u> </u>		Change	Addition
NAME			4 2 NAME				Į
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY	ST-ZIP			
TITLE	DELETE		5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			1	T ADDRESS			
Crty - ST - ZIP		/ neitre	5.4 CITY-	ST-ZIP		Change	Addition
TITLE NAME	[_] DELETE		6.1 TITLE 6.2 NAME			L. Change	radinidi!
STREET ADDRESS			1	T ADDRESS			
CITY - \$1 - ZIP			6.3 SINCE	1			
14 I do heret	by certify that the information supp	lied with this filing does not quali	fy for the ev	emption state	d in Section 119.07(3)(i), Florida Statut	es. I further certify that	the
informatio Lam an o	n indicated on this annual report of flicer or director of the corporation	r supplemental annual report is to or the receiver or trustee empoye	rue and acc rered to exe	curate and that cute this repo	t my signature shall have the same leg rt as required by Chapter 607, Florida	jai effect as if made und Statutes; and that my n	jer oath; that lame