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 # F53394

(5)

Principal Prace of Business Mailing Address 11741 N.W. 30TH PLACE SUNRISE FL 33323 SUNRISE FL 33323-1622									
COMMON TE W		OUTSIDE IS WOOD TORK				3. Date incorporated or Qualified	3a. D	ate of Last R	eport
		MANAGE 15 (5) 1. Add 11 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15			-4	11/12/1981	07/	15/1996	
-	lace of Business	2a. Mailing Address				4. FEI Number 59-2140656			oplied For
Suite, Apt.	# ntc	Suite, Apt. #, etc.			 	38 2 140030		\$8.75	ot Applicable
22		27				5. Certificate of Status Desired		Fee Re	
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23	······································	28				Trust Fund Contribution		Added	to Fees
Zp T.J	Country	Zip	Count	itry		6. This corporation has liability for		tex under s No	. 199.032,
24	25 9. Name and Address of Currer		30			Florida Statutes 10. Name and Address of New F			
DRUCKER HOWARD				81	Name				
1174	11 N.W. 30TH PLACE,		6	B2 :	Street Addre	ess (P.O. Box Number is Not Accept	able)		
SUN	IRISE FL 33323								
			6	B3					
			6	84	City	<u></u>	FL	85 Zip (Code
office or r agent 1 a SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the oblig- Separate by each proved hand of registered age	ations of, Section 607.0505, Flor	ida Statu	ites.		on's board of directors. I hereby acc d when reinstating) ADDITIONS/CHANGES TO OFF	DATE		
THLE	P0	☐ DELETE	1.1 TITL	.E				Change	Addition
NAMÉ	DRUCKER, HOWARD		1.2 NAM	Æ					
STREET ADDRESS	11741 N.W. 30TH PLACE SUNRISE FL		1.3 STR						
CITY - ST - ZIP TITLE	STV	DELETE	1.4 CITY 2.1 TITE		ZIP			Change	Addition
NAME	DRUCKER, JUDY		2.2 NAV						
STREET ADDRESS	11741 N.W. 30TH PLACE		2.3 STRI	EET AD	ODRESS				
CITY - S1 - ZIP	SUNRISE FL		2.4 CIT	Y-ST-	ZIP	*:			
THE		☐ DELETE	3.1 THTL					Change	Addition Addition
NAME DEDECT ADDRESSES			3.2 NAM		200000				
STREET ADDRESS CITY+ST-ZIP			3.3 STRI 3.4. CIT						
TILE		☐ DELETE	4.1 TITL		ZIF	······································		Change	Addition
NAME			4. 2 NAM					-	
STREET ADDRESS			4.3 STR	EET AD	DRESS				
CiTY+S1+2IP			4.4 CłTY	Y-\$1	ŽIP				
THLE		☐ DELETE	5.1 TITL					Change	Addition Addition
NAME			5.2 NAM						
STREET ADDRESS			5.3 STR			•			
CHY+S1+ZIP TITLE		DELETE	5.4 CITY 6.1 TITL		ZIP			Change	Addition
NAME		bond v. more v.	6.2 NAM					- 	
STREET ADDRESS			6.3 STR		DRESS	•			

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Apr 25 1997 8:00am

Secretary of State