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 # F53730

(0)

HOLT C	HATER ASSOCIATES, INC	.							
Principal Place of Business Mailing Address						Bioti Bibil Bidit			
718 NW 177 A PEMBROKE PII US			718 NW 177 AVE PEMBROKE PINES FL 33029-3152 US						
00						3. Date Incorporated or Qualified 11/16/1981	3a. Date o		port
2. Principal P	tage of Business	2a. Mailing Address				4. FEI Number	1 7-11		plied For
21		26				59-2140832	No	Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired	_ \$	8.75 A Fee Re	
City & State	e	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zφ	Country	Z(p	Co	untry		8. This corporation has liability for i			199.032,
24	25	29	30				Yes 1		
	9. Name and Address of Curr	rent Registered Agent		81		10. Name and Address of New Re	glatered Age	<u>nt</u>	
	NTER, HOLT			101	Name				
718 NW 177 AVE				82	Street A	Address (P.O. Box Number is Not Acceptab	le)		
PEN	ABROKE PINES FL 33029			83					
				03					
				84	City	***************************************	FL	35 Zip (ode
11. Pursuant office or ragent. La	to the provisions of Sections 607.0 egistered agont, or both in the Start im familiar with, and accept the ob-	ligations of Section 607.0505, F	Iorida St	atutes	S.	corporation submits this statement for the p poration's board of directors. I hereby acception in the property of the property	urpose of ch the appoint	anging its ment as	s registered registered
12.		AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICE	ERS AND DI	RECTOR	S IN 12
TOTLE	DP DELETE		1.1	1.1 TITLE				Change	Addition
NAME	CHATER, HOLT		1.2	1.2 NAME					
STREET ADDRESS	718 NW 177 AVE		1.3	1.3 STREET ADDRESS					
City+S*-ZiP	PEMBROKE PINES FL			CITY-\$	T-ZIP				
THILE.	DELETE		21	21 TITLE			L	Change	Addition (
NAME			2.2	NAME					
STREET ADDRESS			2.3	STREET	ADDRESS				
Crty - St - ZiP				CITY-	ST-ZIP				
THUE		☐ DELETE	3.1	TITLE			L	Change	Addition
NAME				NAME					
STREET ADORESS					ADDRESS				
CITY-ST-20F		DELETE		CITY - !	ST-ZIP			Change	Addition
TITLE		רייין הנרנונ		TITLE	1		ا	Unarige	LILLI NUGICION
NAME				NAME					
STREET ADORESS					ADDRESS				
GITY - ST - ZIF TITLE		DELETE	*******	CITY - S TITLE	ii - ZIP			Change	Addition
11111	1	T DEFEIG	3.1	111 L.E			L	- Alichilia	III Vaniavii [

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

6.4 CiTY-ST-ZIP

5.2 NAME

61 TITLE

62 NAME 63 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE:

NAME

1:TLE

STREET ADDRESS CITY-ST-7-P

STREET ADDRESS CITY-ST-ZiP

DELETE

☐ Change ☐ Addition

FILED

Jan 29 1997 8:00am

Secretary of State