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 # F69591

(8)

COLODNY, FASS & TALENFELD, P.A.

FILED Mar 17 1997 8:00am Secretary of State



Principal Mace	e or Business	Mailing Address	Mailing Address								
2000 W COMMERCIAL BLVD.			2000 W COMMERCIAL BLVD								
232 FT. LAUDERDALE FL 33309		232 Ft. Lauderdale fl. 333	FT, LAUDERDALE FL 33309-3080			ŀ					
US		US					Date Incorporated or Qualified 3a. Date of Last Report 03/03/1982 01/29/1996				
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address				FEI Number				Applied For
21		26					59-2170069			1	Not Applicable
Suite, Apt a	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Б.	Certificate of Status Desire	ed	П		Additional
22		27	45. 4								Required
City & State	0		City & State			6.	6. Election Campaign Financing \$5.00 May Be				
23 Zip	Country	28	Zip Country				Trust Fund Contribution		<u> </u>		to Fees
24	25 29 30			ı., y		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					8. 199.032,
[24]	9. Name and Address of Curre		190			10.	Name and Address of No				
FAS	S, JOEL S			81	Name						
	O W COMMERCIAL BLVD		-	82	Carnol /	Addrss (F	O Pay Number is Not Ass		10)		
STE 232				82 Street Address (P.O. Box Number is Not Accept				ернас	ме)		
	AUDERDALE FL 33309		8:								
			-	B4	City					85 Zig	Code
]		•				FL		
11. Pursuant t	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	02 and 607.1508, Florida Statu	les, the abi	ove	named	corporatio	on submits this statement for	the p	urpose of	changing	its registered
agent Lar	m familiar with, and accept the obli	gations of, Section 607.0505, Fi	orida Statu	лes.	til o c orp	O GILLOIT S L	DOGICA OF GIRECIOIS, THOROUS	accep	or magazity	JII HI HOLL O	ia registereo
SIGNATURE											
	Signative, typed or profes name of registered a		C: Registered	Agen	l signature			055.0	DATE	DIDEOTO	50 11 40
12.	PD OFFICERS A	ND DIRECTORS DELETE	13. 1.1 TITL	· ·			ADDITIONS/CHANGES TO	OFFIC	ERS AND	☐ Change	
NAME	FASS, JOEL S			1.2 NAME						CT CHAINGE	Addition
STREET ADORESS	2000 W COMMERCIAL BLVD	STE 232			ADDRESS I						
CITY-ST ZIF	FT LAUDERDALE FL	OIL LUL	1.4 CITY								
TITLE	VD				- 411	***************************************		,		Change	☐ Addition
NAME	COLODNY, MICHAEL	_	2.2 NAME							_ •	
STREET ADDRESS	2000 W COMMERCIAL BLVD	STE 232	2.3 STR	EET #	ADDRESS						
C:1Y-ST-ZiP	FT LAUDERDALE FL		2. 4 CIT		· •						
TITLE	\$TD DELETE			3.1 TITLE					·	☐ Change	Addition
NAME	TALENFELD, HOWARD M.		3.2 NAN	ME	1						
STREET ADDRESS	2000 W COMMERCIAL BLVD	STE 232	3.3 S1R	REET /	NDDRESS						
C(TY+S1+2)P	FT LAUDERDALE FL		3.4. CIT	Y-\$1	- ZIP						
TITLE		☐ DELETE	4.1 T(T).	LE.						Change	Addition
NAME			4. 2 NA	ME	ļ						
STREET ADDRESS			43 STR	EET A	ADDRESS						
CITY - ST - ZIF			4.4 CIT		- ZIP					TT c:	F 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
IIIJE	L_J DELET		5.1 TITLE						L. Change	Addition	
NAME			5 2 NAN		}						
STREET ADDRESS					ADDRESS						
CITY-SE-769	**************************************	DELETE	5.4 CiTY		- ZIP					Change	Addition
1:ILE		CT DETEIL	6.1 TITL								L AGUILLIS
NAME Ozorer Abobane			6 2 NAA		0000000						
STREET ADDRESS					NDDRESS						
CITY-ST-ZIF	and that the internalist and	ad with this filing are not avail	6.4 CITY			intad in Ca	otion 110 07(2Vi) Electrica C	Yatı da	- 14 wtb ox	andituth.	-1 15-0

6. I do hereby certify that the information supplied with this filing g, is not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information indicated on this consult report is supply mental any use 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 in this deliver of under empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 schange for only attached by with an address.

SIGNATURE:

ATURE A TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

(624) A\$ 5