## 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

**FILED** 

May 02 1997 8:00am

Secretary of State

DOCUMENT # F79670

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MILLER & PONN, P.A.

Sulte, Apt. #, etc.  22  City & State  Added to Fees  Zip  Country  Country  Country  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Required  Fee Required  Fee Required  Fee Required  Status Desired  Fee Required  Fee Required  Status Desired  Fee Required  Fee Required  Status Desired  Fee Required  Fee Required  Status Desired  Fee Required  Status Desired  Fee Required  Fee	Principal Place of Br.  250 VALENCIA AVEN CORAL GABLES FL.  2. Principal Place of Br.  3. Principal Place of Br.  3. Principal Place of Br.  4. Principal Place of Br.  5. Principal Place of Br.  6. Principal Place of Br.  7. Principal Place of Br.  8. Principal Place of Br.  9. Principal Pl	Dusiness  NE 33134  Di Business  Country 25  Name and Address of Current ENNIS	Mailing Address 250 VALENCIA AVENUE CORAL GABLES FL 3313  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29				3. Date Incorporated or Qualified 05/04/1982 4. FEI Number 59-2189046	3a. Date of Last F 04/23/1996 AI No.	eport oplied For of Applicable
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\$. Date incorporated or Qualified   3a. Date of Last Report   C4/23/1996   C4/23/19	2. Principal Place o 21 Suite, Apt. #, etc 22 City & State 23 Zip 24	Country 25 Name and Address of Current	CORAL GABLES FL 3313  2a. Mailing Address 2b. Suite, Apt. #, etc. 27  City & State 28  Zip 29		::		05/04/1982 4. FEI Number 59-2189046	04/23/1996	oplied For of Applicable
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City & State	City & State 23 Zip 24	Country 25 Name and Address of Current	27 City & State 28 Zip 29	Срі			5. Gertificate of Status Desired		
City & State  23  City & Country   27  Country   28. This corporation has liability for intangible tax under s. 199.032, Florida Statutes   719   709.000   719.000	City & State 23 Zip 24	25 Name and Address of Current	City & State 28 Zip 29	Срі				Lee U	
Country   Zip   Country   Zip   Country   State of Current Registered Agent   State of Long Statutes   Vis   Name and Address of New Registered Agent   State of Long State Office State of Long State Office State of Long State Office State of Long State Office State Offic	Zip 24	25 Name and Address of Current	Zip 29	Cou			6. Election Campaign Financing	\$5.00	May Be
98. Name and Address of Current Registered Agent 99. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Sections 607,0508, Florida Statutes 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent, and market with, and accept the obligations of Scaletons Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TILE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY-ST-2P  15. TILE 16. DELETE 17. TILE 17. TILE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. TILE 10. Change Addition 11. CITY-ST-2P  11. CITY-ST-2P  12. OFFICERS AND DIRECTORS 13. STREET ADDRESS  250 VALENCIA AVE 28. STREET ADDRESS  250 VALENCIA AVE 28. STREET ADDRESS  260 VALENCIA AVE 28. STREET ADDRESS  270 VALENCIA AVE	24	25 Name and Address of Current	29	Upu		,			
10, Name and Address of New Registered Agent   10, Name and Address of New Registered   10, Name and Address   10,		Name and Address of Currententer		20	untry				. 199.032,
280 VALENCIA AVE. CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83	ν.		t Registered Agent	130]	T	· · · · · · · · · · · · · · · · · · ·			
### Street Address (P.O. Box Number is Not Acceptable)  ### City	PONN. D			, <del></del>	81	Name		<del></del>	
CORAL GABLES FL 33134    B3	250 VALE				82	Street Addre	ess (P.O. Box Number is Not Acceptable	le)	
11. Pursuant to the provisions of Sections 507,0502 and 607,1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature, tyrind or printed name of requested agent and title discretation.  OFFICERS AND DIRECTORS 1.1.1 Itilit.  12.	CORAL G	Sables FL 33134						<u> </u>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered agent, a maintainar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed or printed name of registered agent and title of appearance (NOTIL floridates)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. TITLE  VSD PONN, ENID MILLER  2. STREET ADDRESS  CITY-51-2P  DELETE  1.3 TITLE  AMME  1.3 STREET ADDRESS  CITY-51-2P  DOUBLETE  1.4 CITY-51-2P  TITLE  DELETE  3.7 TIRE  DELETE  4.7					B3				
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Horida Such change was authorized by the operation's board of directors. I heroby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607, 0505, Florida Statutes.    SIGNATURE					84	City		<b>85</b> Zip	Code
office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent and accept the obligations of, Section 607.0505, Florida Statutes    Signature typed or printed name of registered agent, and title displacative   (NOTI. Registered Agent signature requires when reinstating)   DATE	11. Pursuant to the	provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the a	.Ll	-named corp	poration submits this statement for the p	urpose of changing i	ts registered
SIGNATURE   Signature. Nymod or printed name of regulated and attle discriptance   (NOTE Regulated Agent signature required when reinstating)   DATE	office or registe agent. I am fan	ered agent, or both, in the State niliar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	authorize Iorida Sta	ed by	the corporati	ion's board of directors. I hereby accep	t the appointment as	registered
12. OFFICERS AND DIRECTORS   18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   11   11   11   11   11   11   11									
TITLE   VSD	Signatu			<del></del>	d Ager	nt signature requin			
NAME   PONN, ENID MILLER   12 NAME   1.3 STREET ADDRESS   250 VALENCIA AVE   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP					1111		ADDITIONS/CHANGES TO OFFIC		
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	NAME			6.24	IAME				
NAME 62NAME	STREET ADDRESS			6.3 S	TREET	ADDRESS			

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 for supplicational 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 contariation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chavget, or on an attachment with an address.