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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(8)

Principal Place of Business Mailing Address 825 NW 57TH CT FT LAUDERDALE FL 33309 Principal Place of Business Mailing Address 825 NW 57TH CT FT LAUDERDALE FL 33309-2033				
			3. Date Incorporated or Qualified 08/11/1982	3a. Date of Last Report 02/26/1996
2. Principal Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21	26		59-2214770	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.			\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28			Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for int	
24 25 9. Name and Address of	29 Current Registered Agent	30	Florida Statutes 10. Name and Address of New Regis	Yes No
KOWALSKI, CHESTER	Our Togratorou Figure	81 Name	10. 110.110 0110 710.110 110.110	
1313 SE 2ND AVE.		82 Street Add	Iress (P.O. Box Number is Not Acceptable	·
DEERFIELD BCH. FL 33441		02 Street Add	ress (P.O. box number is not Acceptable	'
		83		
		84 City		85 Zip Code
		01.9		FL 3 Zip code
SIGNATURE Superture: typed or period name of regs. 12. OFFICE	terio agent and title d'applicable (NOT RS AND DIRECTORS	orida Statutes. E. Regislered Agent signature requestions.	tion's board of directors. I hereby accept lired when re-instaling) ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRECTORS IN 12
TITLE VD	DELETE	1.1 TITLE		Change Addition
NAME DWORKIN, JERRY STREET ADDRESS 2017 SO. OCEAN DR. #	IEAO	1.2 NAME		
MALI ANDALE EL	-502	1.3 STREET ADDRESS		
TITLE P	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME KOWALSKI, CHESTER J		2.2 NAME		
STREET ADDRESS 1313 SE 2ND AVE		2 3 STREET ADDRESS		
CITY ST-ZIP DEERFIELD BCH, FL 00	000	2 4 CITY - ST - ZIP		
THLE	☐ DELETE	3 1 TITLE		Change Addition
NAME		3.2 NAMÉ		
STREET ADORESS		3.3 STREET ADORESS		į
CITY-ST-ZIP	Driete	3.4. CITY - ST - ZIP		Change I Addis-
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - 7IP	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME	L_ OLLUIL	5.2 NAME		La Commy La reduction
STREET ADDRESS		5.3 STREET ADDRESS		:
City-St-7P		5.4 CITY - ST - ZIP		İ
THLE	DELETE	61 TITLE		Change Addition
NAME	_	6.2 NAME		
STREET ADDRESS		6.3 STREET 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 of 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

Daytime Phone #

FILED

Jan 27 1997 8:00am

Secretary of State