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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95	6000004154 <i>(</i>	9)

FILED Apr 10 1997 8:00am Secretary of State

Principal Place of Business 7433 N.E. 8TH TERRACE BOCA RATON FL 33487 PSOUCOU4 134 (9) Mailing Address 7433 N.E. 8TH TERRACE BOCA RATON FL 33487-1703				. .					
						3. Date Incorporated or Q 08/29/1995		Date of Les 3/13/199	
2. Principal	Place of Business	2a. Mai	ling Address			4. FEI Number			Applied For
21		26				31-0828683			Not Applicable
Suite, Ap	it. #, etc	27 Suit	e, Apt. #, etc.			5. Certificate of Status Der	ired 🔲		5 Additional Required
City & Sta	ate		& State			6. Election Campaign Fine	ncina		00 May Be
3		28				Trust Fund Contribution			led to Fees
Zıp	Country	Zip		Cou	ntry	8. This corporation has lla			er s. 199.032,
24	25	[29]		30		Florida Statutes	Yes		····
	9. Name and Address of Cu	rrent Hegistered	Agent		81 Name	10, Name and Address of	New Registers	a Agent	···.
	OGEL, SUSAN L 133 N.E. 8TH TERRACE								·
	OCA RATON FL 33487				82 Street A	ddress (P.O. Box Number is Not A	(cceptable)		
	JOA WATON I'E GOTO!			Ì	63				·
					04 Ca.	,		lael +	Tin Code
					84 City		F		Zip Code
						corporation submits this statement oration's board of directors. I here			····
12. 7		d agent and little if appl AND DIRECTOR			Ageni signatura r	reculfied when reinstating) ADDITIONS/CHANGES	DATE		
TITLE			≀S	OTE: Registered	Ageni signatura r	regulard when reinstating)	DATE	ND DIREC	
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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.

SIGNATURE

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

561-791-92 Daytime Prione *