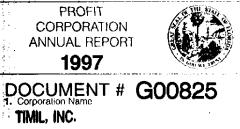
## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

(1)

## **FILED** Mar 19 1997 8:00am Secretary of State

|--|--|--|--|--|

· · ·		Mailing Address				1 10 27177 0011 00111 00101 10110 17501 0111	,,,,,,	BIBN	************
14 LESLIE HOW 2213 NO UNIVE PEMBROKE PIN	RSITY DRIVE	% LESLIE HOWARD BERGE 2213 NO UNIVERSITY DRIVI PEMBROKE PINES FL 3302	Ε						
,						3. Date Incorporated or Qualified 09/20/1982	3a. Date -		eport
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			pplied For
21	<del></del>	26				59-2220352			t Applicable
Suite, Apt	#, etc.	Suite, Apt. #. etc.				5. Certificate of Status Desired		6 <b>8.75</b> / Fee Re	Additional
City & State		City & State				e Floation Compaign Financing			
23	•	28				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip	Country	Zib	Count	ry		8. This corporation has liability for i	itangible tax		
24	25	29	30				Yes [] t		
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	distered Age	nt	
	GER, LESLIE HOWARD		8	1	Name				
	N. UNIVERSITY DR.		8	2	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
PEMI	BROKE PINES FL 33024		8	3					
			°	1					
.:			8	4	City		FL	5 Zip	Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607 1508 Florida Statute	s. the abo	l	named coruc	pration submits this statement for the p		L angino it	s registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	f Florida, Such change was a	uthorized t	by :	the corporation	oration submits this statement for the p on's board of directors. I hereby accep	t the appoin	ment as	registered
	Transac with and accept the obligat	ions or section bor boos, not	noa olato	va.					
SIGNATURE	Signature, typed or printed name of registerica agest	and the diapplicable (NOI)	: Registered A	gen	r signature requires	d when rainstaving)	DATE		
12.	OFFICERS AND		13.		,	ADDITIONS/CHANGES TO OFFIC			<del></del>
TITLE	DP	L_J DELETE	1.1 1/110				L	Change	Addition
NAME	WIESELTHIER, HAROLD		1.2 NAMI	l					
STREET ADDRESS	1900 NW 113TH AVENUE		1.3 STRE	F1 A	UDDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL	DELETE	1.4 CITY		-7IP				
TITLE	S MARCELTHIED MEDNA		2111111				LJ	Change	Addition
NAME WIESELTHIER, MERNA STREET ADDRESS 1900 NW 113TH AVENUE				2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	PEMBROKE PINES FL								
CITY-ST-ZIP	T GINDITOTIC TWICO I C	DELETE	2 4 CHY 3 1 111 U		7IF			Change	Addition
NAME		<b></b>	3.2 NAMI				<u></u>		
STREET ADDRESS			3.3 STREE		ADDRESS				
CITY-ST-ZIP			34 CHY		1				
TITLE		DELETE	4.1 10 LU					Change	Addition
NAME			4.2 NAM	1(					
STREET ADDRESS			4.3 S1F4	I I A	VOORT S\$				
CITY-ST-ZIP			44 CHY	- \$1-	- ZIP				
TITLE		☐ DELETE	5.1 THE					Change	Addition
NAME			5.2 NAMI	ŧ					
STREET ADDRESS			5.3 S1F6	F1 A	ADDHI SS				
ICITY-ST-ZIP			54 CHY	- \$1	-7IP				
TITLE		[] DELETE	6 1 117t F					Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STRE		ł				
CHY-SI-ZIP	and the state of t		6.4 CHY			10 Carlina 110 02/09/3 Clarks	16.00	erification	the .
.14. I do hereb	ry certify that the information supplied.	with this filing does not qualify	y for the ex	(OH	aption stated	in Section 119.07(3)(i), Florida Statutes	s. I further ce	rtily that	the [

information indicated on this annual report or supplemental annual report is frue 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 resciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name