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 # G11545

(2)

BARRISTER REPORTING, INC.

	ien fiel offinia, mo-									
Principal Place of Business		Mailing Address			-	IJANI TITALI EIKI	A BABAL BABAK			
2335 E. ATLANTIC BLVD. POMPANO BCH. FL 33062		2335 E. ATLANTIC BLVD. POMPANO BCH. FL 33062-5238								
						3. Date Incorporated or Qualified 12/03/1982		of Last Re /1996	eporl .	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 59-2232413	Applied For Not Applicable			
Suite, Apt	#, etc.	Suite, Apt. #, etc.						\$8.75		
22		27				5. Certificate of Status Desired		Fee Re		
City & State	е	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added t		
Zip	Country	·)	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,				
24	25 9. Name and Address of Currer	129	30				ida Statutes			
0.17		iii negistaran Agant		81	Name	10. Isame and Address of New Neg	listalan Wî	ent		
	EMORE, MARILYN				140110					
)1	82 Si			Street Addre	ss (P.O. Box Number is Not Acceptabl	e)			
. DAVI	IE FL 33329		-	83						
			ļ							
• .			ļ	84	City		FL	85 Zip (Code	
11. Pursuant office of re agent. (a	to the provisions of Sections 607.050 egister of agent, or both, in the State m familiar with, and accept the oblig	02 and 607, 1508, Florida Statu of Florida. Such change was aliony of, Section 607,0505, F	ites, the ab authorized lorida Stati	ove-r l by th utes.	named corpo he corporatio	oration submits this statement for the pu on's board of directors. I hereby accept	irpose of c the appoi	nanging it ntment as	s registered registered	
SIGNATURE	mary	Dogue		,			5_1	-9	7	
12.	Signature, typod or printed name of our stered so	DDIRECTORS (NC	113.	Agent:	signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE EDG AND D	IDECTOR	C INI 12	
TITLE	PD	DELETE		111711		ADDITIONS/CHANGES TO OFFICE		Change	Addition	
NAME	WESSMAN, GERALDINE		1 2 NA		-		_	_ Change	7,000,000	
STREET ADDRESS	6163 N.W. 74 TERR.			1 3 STREET ADDRESS						
CITY-ST-ZIP	PARKLAND FL			1.4 CITY-ST-ZIP						
TITLE	VD							Change	Addition	
NAME	BAZEMORE, MARILYN		2 2 NA	2.2 NAME						
STREET ADDRESS	13301 SW 16TH COURT	238		2 3 STHEET ADDRESS		•				
CITY-ST-ZIP	DAVIE FL		2.400	2 4 CITY-ST-ZIP						
TITLE			317(1					Change	Addition	
NAME			3.2 NA	ME						
STREET ADDRESS			3 3 51	REET AD	DDRESS					
CITY-ST-ZIP			3 4. Ci	1Y-S1-	ZIP					
TITLE		L_ DELETE	4.1 TH	LE			L	_] Change	Addition	
NAME			4. 2 N/	ME						
STREET ADDRESS				REET AD						
CITY-ST-ZIP		DELETE		Y-\$1-	ZIP		<u>r</u>	Change	Addison	
TITLE		L Detell	5.1 TIT				L	_) Change	☐ Addition	
NAME PERCET ADDRESS			5.2 NA		Not co					
STREET ADDRESS			1	REET AD						
CITY-ST-ZIP TITLE		DELETE	5.4 CH 6.1 1/I	Y - \$1 - 3	zir		- г	Change	Addition	
NAME			6.2 NA				_			
STREET ADDRESS				REET AD	ODRESS					
	4.4.		0.5 511	/ / 10/						

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 suppliencental 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 occiparation or the receiver or trustee endowered 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.

FILED

Apr 25 1997 8:00am

Secretary of State