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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G17011

DAVID J. ROSENTHAL, CPA. P.A.

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FILED Feb 24 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 1121 NW 106 AVE 1121 NW 106 AVE PLANTATION FL 33322 **PLANTATION FL 33322-7817** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1983 03/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2242377 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z_{\rm ID}$ Country Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROSENTAL, DAVID J., CPA 1121 NW 106 AVE. Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33322** В3 84 City Zip Code 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 hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signor i.e. $t_{\rm H}$ and or printed none of registered agent and the if applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THEF Addition 1.1 TITLE ☐ Change ROSENTHAL, DAVID J., CPA NAM: 1.2 NAME 1121 NW 106 AVE. STREET ADORESS 1.3 STREET ADDRESS **PLANTATION FL 33322** CITY - S1 - ZIP 1.4 CITY-ST-ZIP DELETE TIME 2 1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY - \$1 - 7/6 2 4 CITY-ST-ZIP DELETE 10.f 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-\$1-78 3 4. CITY - ST - ZIP TILLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 017Y-\$1-7/P 4.4 CITY - ST - ZIP THEF DELETE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME

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 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

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: 2

STREET ADDRESS

STREET ADDRESS

CHY-S1-20

TiTLE

NAME

DELETE

Change

Addition