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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

1. Corporation	MENT # G31365 AND GENERAL, INC.	5 (1)				AKAN AKAN AKAN ANAN ANGA	
Principal Place	e of Business	Maling Address				PIDIA DIDIA DIBAT DIDIA DIDIA	
301 SW 25TH		P.O. BOX 22947 FT. LAUDERDALE FL 33335-2947					
ft. Lauderda Us	NLE FL 33313	FI. LAUUCHDALE PL 333	urc on l				
					3. Date Incorporated or Qualified 03/24/1983	3a. Date of Last R 01/26/1996	eport
	lace of Business	2a. Mailing Address			4. FEI Number 59-2409101		oplied For
Suite, Apt.	# etc	Suite, Apt. #, etc.					ot Applicable Additional
22		27			5. Certificate of Status Desired		equired
City & Stati	0	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Countr	у	8. This corporation has liability for in		***************************************
24	25	29	30		Florida Statutes	Yes No	
	9. Name and Address of Current	Registered Agent		T	10. Name and Address of New Reg	stered Agent	
	ZPATRICK, ALEXANDER A.		81	Name			
	2 N.E. 18TH AVE. LAUDERDALE FL 33304		82	Street Ado	lress (P.O. Box Number is Not Acceptabl	le)	
ги	EAUDENDALE I C 00004		83				
			L	<u> </u>			
			84	City		FL 85 Zip	Code
SIGNATURE	m familiar with, and accept the obligation of registers age.	of and the diap plicable (NO	IE Registered Ag		ured when reinstating)	DATE	
12.	OFFICERS AND	DELETE DELETE	13.		ADDITIONS/CHANGES TO OFFICE	Change	Addition
NAME	FITZPATRICK, ALEXANDER	C pertit	1.7 JULE 1.2 NAME	İ		Cuange	L_ Addition
STREET ADDRESS I	1442 N.E. 18TH AVE.		1	T ADDRESS			
CITY-SI-ZIP	FT. LAUDERDALE FL		1.3 SINCE				
TIPLE	V	DELETE	2 1 TITLE	31-17		☐ Change	Addition
NAME	FITZPATRICK, DIANA J		22 NAME				
STREET ADDRESS	1442 N.E. 18TH AVE		2.3 STREE	T ADDRESS	% #	4	
CITY-ST-ZIP	FT LAUDERDALE FL 33304		2. 4 CITY	ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE			Change	Addition
NAME:			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY - 4.1 TITLE	·S1-ZIP		Change	Addition
NAME		perit	4. 2 NAMI	.		t-a overigo	- IODROVI
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY -				
TITLE		☐ DELETE	5 1 TIFLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
Titl E		☐ DELÉTÉ	61 TITLE	į.		Change	Addition
NAME			6.2 NAME				
STREET ADDRESS	i		6.3 STREE	T ADDRESS			

14. I do hereby certify that the information supplied with this filling 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 chapter 6, or on an attachment with an address.

64 CITY - ST-ZIP

SIGNATURE: (

CITY-ST-7/P

FILED

Jan 14 1997 8:00am

Secretary of State