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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 17 1997 8:00am Secretary of State

DOCUN Corporation	MENT # <b>G</b> 5	50862	(3)								
	IEY, INC.						18   4   1   1   1   1   1   1   1   1   1	<b>           </b>			
rincoal Elser	e of Business	Mailu	ng Address		<del></del>						
rincipal Place of Business Mailing Address  6 EVHEN ZASADNEY % EVHEN ZASADNEY  780 SW 9TH TERR. 8760 SW 9TH TERR.  IIAMI FL 33174 MIAMI FL 33174-3255											
IAMI FL 3317	•	Man and a second	ii FL 3017470200			3. Date Inco 07/06/1	rporated or Qualified 983		ate of Last 22/1996		
. Principal Pr	lace of Business		lailing Address		·	4. FEI Numb			<b></b>	Applied For	
Suite, Apt	#, etc.	26     S   27	uite, Apt #, etc.				of Status Desired		\$8.75	Not Applicat Additional Regulred	
City & State	0	·	ity & State			1	ampaign Financing	<u></u>	\$5.0	O May Be d to Fees	
Zφ	Country 25		ip.	Countr	у		oration has liability for				
		ss of Current Register	ed Agent				d Address of New Ro				
	ADNEY, EVHEN			81	Name						
	0 SW 9TH TERR. MI FL 33174				Street Address (P.O. Box Number is Not Acceptable)						
				83					<b>  6</b>	p Code	
				104	City			FL	85 Zi	p Code	
	to the provisions of Socti egistered agent, or both, in familiar with, and acce	ons 607.0502 and 607, in the State of Florida ept the obligations of, S	1508, Florida Stat Such change was ection 607.0505, I	utes, the above authorized beforeda Statute	ve-named copy the corpoes.	orporation submits ration's board of di	this statement for the rectors. I hereby acce		changing ointment	its registere as registered	
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The facety carried to the information sopplied with this limit does not pleanly for the exemptor stated in Section 119.00 (3)(i), residue. Figure 119.00 (3)(ii), residue stated on this annual report or supplemental fundal 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Forida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachtner, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINT