SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 19 1997 8:00am Secretary of State

1. Corporation	NEIN I Name TORS, IN	0.00.0	14	(2)					I INGILIS BADE ADIGA ANGI KANA ISHII I	(E) 8:20: 0:0:1	O log e ren og	a fa 1 1011 (20 1	
Principal Place of Business Mailing Address											INI BINIK NINES		\$10 B1811 (381	
7941 NORMANDY STREET 7941 NORMANDY STRE						ī								
MIRAMAR FL	33023			MIRAMAR FL 3	13023					DO NOT WRIT	E IN THIS S	SDACE		
										3. Date Incorporated or Qualified		ite of Last I	Report	7
										08/25/1983	1	/06/1996	•	
2. Principal P	lace of Busin	ness	28	a. Mailing Add	fress					4. FEI Number	1 00		pplied For	1
21			26	26						59-2326696		N	lot Applicable	1
Suite, Apt.	#, etc.			Suite, Apt. #, etc.						5. Certificate of Status Desired			Additional	1
22			27	27						6, Contineate of Status Desired		Fee P	Requirec	
City & State	θ		28	City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country			Zip Co			Country			8. This corporation owes or has p	aid the curi	rent year Ir	ntangible]
24	25 9. Name and Address of Current			29 30						Personal Property Tax due Jun			No No	1
141 N			nt Regi	istered Agent		· · · · · · · · · · · · · · · · · · ·	81	Name		10, Name and Address of New R	egistered /	\gent		-
	HNS, RICH						"	INAME						1
7941 NORMANDY STREET MIRAMAR FL 33023							82	2 Street Addre		ss (P.O. Box Number is Not Accepta	ıble)			1
MIH	MAH PL					63				 			\dashv	
]
							84	City			FL		Code]
11. Pursuant office or ragent. La	to the provis egi ste red ag m fam iliar wi	ions of Sections 607.05 jent, or both, in the Stati ith, and accept the oblig	02 and c of Flor gations	607.1508, Flor rida. Such cha of, Section 607	rida Statut inge was a 7.0505, Flo	es, the a authoriza orida Sta	above ed by alutes	e-named the corp s.	corpo oratio	ration submits this statement for the n's board of directors. I hereby acce	purpose of opt the app	changing ointment as	its registered s registered	
SIGNATURE														
	Signature, typed	or printed name of registered ag			(NOT			nt signature	required	when reinstating)	DATE			إ.
12. TITLE	P	OFFICERS AN	MD DIME		DELETE	13.	TITLE			ADDITIONS/CHANGES TO OFF	CERS AND	Change	Addition	નું ફું
NAME I	KUHNS	RICHARD		_								C. Origingo		13
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CITY-ST-ZIP	MIRAMA						1.4 CITY- ST-ZIP							ļķ
TITLE	8				DELETE	_	TITLE					Change	Addition	18
NAME	KUHNS,	ROSA MARIE				2.2	NAME							Ī
STREET ADDRESS	7941 NO	DRMANDY STREET				2.3	STREET	ADDRESS						
CITY-ST-ZIP	MIRAMA	R FL				2.4	CITY-S	ST-Z#P						
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STREET ADDRESS						3.3	STREET	ADDRESS						ł
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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 appears in Block 13 if changed, or on an attachinery with an address.