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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # G60484

(4)

FILED Apr 08 1997 8:00am Secretary of State

	INC.	Malling Address	· · · · · · · · · · · · · · · · · · ·					
2931 N.E. 16T	'H STREET	2831 N.E. 16TH STREET % LEROY A. MERRITT POMPANO BEACH FL 33062-3104						
					3. Date Incorporated or Qua 09/21/1983	,	ate of Last R /21/1996	leport
2. Principal I	Place of Business	2a. Mailing Address	·		4. FEI Number			oplied For
21		26			59-2374367	 	. 	ot Applicable
Suite, Apt	. #, etc	Suite, Apt. #, etc.			6. Certificate of Status Desir	ed 🔲		Additional equired
City & Sta	le	City & State			6. Election Campaign Finance	cina		May Be
23		28			Trust Fund Contribution			to Fees
Zφ	Country	Zip	Cou	ntry	8. This corporation has liabit			. 199.032,
24	25 9. Name and Address of Curren	29 29 Agent	[30]		Florida Statutes 10. Name and Address of N	Yes aw Radistared		
MF	RRITT, LEROY A.	B.s.s.s. uBanı		81 Name	18. Linning Alle Linning & 11			
	1 N.E. 16TH STREET		ŀ	82 Street Ad	dress (P.O. Box Number is Not Ac	centable)		
	MPANO BEACH FL 33062				S. SOS (F. IO. DON HUNDON IN HOU NO			
				83			·	
			Ì	84 City		····	85 Zip	Code
44 Poseumo	to the provisions of Sections 507 050	2 and 607 1508 Florida Stati	ulac the at	nove named co	vnoration submits this statement to	FL or the purpose of		te registered
office or	tto the provisions of Sections 607.050 registered agent for both, in the State am familiar with, and accept the obliga	of Florida. Such change was	ando, the at	Jova Harrida Co	ation's board of directors. I become	accent the an	pointment as	registered
a a a sel I		ations of Contine CO7 ACAC !	s aumonzec	by the corpor	ation's board of directors. Thereby	docopt in ap		•
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agent L. SIGNATURE	am familiar with, and accept the obligation of t				quired when reinstating)	DATE		
SIGNATURE	Sup-durn typed or probat rance of registered ago OFFICERS ANI	int and title if applicable (NC	OTE: Registered	I Agent signature req	1	DATE	D DIRECTOR	RS IN 12
SIGNATURE 12.	Signature typed or probat ranse of registered ago OFFICERS ANI	nt and title if applicable (N	OTE: Registered	I Agent signature req	uired when reinstating)	DATE		RS IN 12
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1. 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 convergation 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 of planged, or be an adjoinment with address.

SIGNATURE:

CILLUM / ILLANDO ATRICTOR AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Allen Merritt

4397

(95494152

Phone #

;R2E034 (9/96)