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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # G98896

(5)

FILED
Apr 23 1997 8:00am
Secretary of State

Principal Place 6101 SUNSET 3550 BISCAYN MIAMI FL 3313	DRIVE E BLVD #504	Mailing Address % J.H. KANTER 3550 BISCAYNE BLVD. #504 MIAMI FL 33137-3897					
US		US		 Date Incorporated or Qualifie 02/23/1984 	d 3a. Date of Last Rep 05/01/1996	port	
	lace of Business Biscavne Blvd	2a. Mailing Address 26 7759 Monto	omery Roa	4, FEI Number		lied For Applicable	
7	_Biscayne_Blvd #, etc. e_504	Suite, Apt. #, etc. Suite 3	_	5. Certificate of Status Desired	\$8.75 Ac		
City & State	0	City & State		6. Election Campaign Financing	\$5.00 A		
Miam Zip	i, FL Country	28 Cincinnati	Country	Trust Fund Contribution 8. This corporation has liability f	lor intangible tax under s.		
3313	7 25 Dade 9. Name and Address of Current		30 Hamilton	n Florida Statutes 10. Name and Address of New	Yes No	·····	
KAN	ITER, JOHN E.		81 Name				
355	O BISCAYNE BLVD.		82 Street A	Address (P.O. Box Number is Not Accep	otable)		
	TE 504						
MIA	MI FL 33137		63				
			B4 City		FL 85 Zip C	ode	
agent. La	im familiar with, and accept the obliga	ations of, Section 607.0505, Flo	uthorized by the corp rida Statutes.	oration's board of directors. I hereby ac	cept the appointment as n	egistered	
SIGNATURE	im familiar with, and accept the obligation of t	nt and tite if applicable (NOTE	uthorized by the corporate Statutes. Registered Agent signature of 13.	required when reinstating)	DATE		
SIGNATURE	Signature typed or panied here of registered age OFFICERS AND	nt and tite if applicable (NOTE	: Registered Agent signature r		DATE FICERS AND DIRECTORS	IN 12	
SIGNATURE 12.	Signature typed or profed here of registered age OFFICERS AND VST WILDERMUTH, ROBERT E.	nt and tite if applicable (NOTE	Registered Agent signature r	required when reinstating) ADDITIONS/CHANGES TO OF VST	DATE FICERS AND DIRECTORS XXChange	IN 12	
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a. To mereby certify that the information supplied with this militing 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 jumpped or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0167621

Dale