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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H32330

(3)

FILED May 05 1997 8:00am Secretary of State

1. Corporation Name SYLVESTER CORPORATION  Principal Place of Business Mailing Address 1460 SE 3 ST POMPANO BEACH FL 33069 US  Mailing Address 1460 SW 3 ST POMPANO BEACH FL 33069-3216 US								
					<ol> <li>Date Incorporated or Qualified 12/03/1984</li> </ol>		ate of Last R 01/1996	eport
***	Place of Business	2a. Mailing Address			4, FEI Number			oplied For
Suite, Ar	at # ore	Suite, Apt. #, etc			59-2478508			ot Applicable
2	и и, с.с.	27			5. Certificate of Status Desired			Additional equired
City & St	tale	City & State	<del></del>		6. Election Campaign Financing			May Be
3		26			Trust Fund Contribution			to Fees
Zφ	Country	Zip	h	Country	8. This corporation has tiability for			. 199.032,
4	9. Name and Address of Curre	29	30		Florida Statutes  10. Name and Address of New R	Yes		
	OHEN, MARYIN A.	ant vedistelen våent		81 Name	10. Name and Address of New H	e di ste i e ci	Agent	
	1060 LAKEVIEW DRIVE			1 1	40 0 0 . N	LI-X		
	ORAL SPRINGS FL 33071			82 Street Add	dress (P.O. Box Number is Not Accepta	able)		
				83				
				84 City		·	<b>65</b> Zip	Code
						<u>FL</u>	_	
		•	o, Fiorida	Statutes.	rporation submits this statement for the ation's board of directors. I hereby according to the control of the c			
12.	Sojna a. Is post or printed name of registered a	igent and title if applicable.  ND DIRECTORS	(NOTE Regi	stered Agent a gnature requ		DATE	D DIRECTOR	RS IN 12
SIGNATUR 12. III.E	Signalar, Speed or printed name of registereo a OFFICERS A	igeni ano title il applicable.	(NOTE Regi	stered Agent signature requirements.	uired when reinstating)	DATE		RS IN 12
1 <b>2.</b> ITEE JAME	OFFICERS A	igent and title if applicable.  ND DIRECTORS	(NOTE Regi	stered Agent & gnature requ 13. 1.1 TITLE 1.2 NAME	uired when reinstating)	DATE	D DIRECTOR	RS IN 12
<b>2.</b> DLE JAME THEET ADDRES	OFFICERS AT  COHEN, LOUISE 1460 SW 3 ST	igent and title if applicable.  ND DIRECTORS	(NOTE Regi	stered Agent a gnature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	DATE	D DIRECTOR	RS IN 12
<b>12.</b> Title Name Street Addres City-St-Zie	OFFICERS A	igent and title if applicable.  ND DIRECTORS	(NOTE: Regi	stered Agent & gnature requ 13. 1.1 TITLE 1.2 NAME	uired when reinstating)	DATE	D DIRECTOR	RS IN 12
12. Title Name Street Addres Chiy-St-Zie Ditle	OFFICERS AT  P COHEN, LOUISE 1460 SW 3 ST POMPANO BEACH FL ST COHEN, MARVIN A.	ngeri and title if applicable. NO DIRECTORS  DELETE	(NOTE Regi	stered Agent a gnature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinstating)	DATE	D DIRECTOR Change	RS IN 12
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14. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF S

MANUNA COL

serty Treas

4/25/97

954-942-0727

Daytime Prione II