FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H68260

(9)

Principal Place of Business Mailing Address						
3100 SW 116 AVENUE DAVIE FL 33330		3100 SW 116 AVENUE DAVIE FL 33330-1413				
						3. Date theorporated or Qualified 07/25/1985 3a. Date of Last Report 02/14/1996
2. Principal Place of Business		26. Mailing Address				4. FEI Number Applied For
Suite, Apt. #, etc.		26				59-2713680 Not Applicable \$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip 24	Country 25	Ζίρ 29	30	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registered Agent
	IN, NORMAN S.					
	D-B SHERIDAN ST LYWOOD FL 33021			82	Street A	ddress (P.O. Box Number is Not Acceptable)
HUL	T141000 LT 22051			83		
				84	City	85 Zip Code
						FL
11. Pursuant to office or re agent. Lar	to the provisions of Sections 607.050; agistered agent, or both, in the State m familiar with, and accept the obliga	P and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	tes, the al authorize orida Stat	bovi d by tutes	e-named c y the corpo s.	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
SIGNATURE		144 7 LIVE				equited when reinstaling) DATE
12.	Signature, typed or printed name of registered ago OFFICERS AND		13.	o Age	-14 & Chilatoric Te	equired when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	the state of the s		1.1 Ti	I. E TIPLE		Change Addition
NAME	WILBURN, FLOYD VINCENT		1.2 N/	4ME		
STREET ADDRESS			1 3 ST	13 STREET ADDRESS		
CITY-ST-ZIP					31 - 7IP	Change Addition
TITLE NAME	***		2118			El cuanda El vacadon
STREET ADDRESS	WILBURN, SABRA JEAN	100 SW 116 AVENUE 28		2.2 NAME 2.8 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL			2. 4 CHY-S1-ZIP		
TITLE				3.1 TITLE		Change Addition
NAME			3.2 N/	AME		
STREET ADDRESS			3.8 S1	REFT	ADDRESS	
CITY-ST-ZIP	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE			ST-7IP	Change Addition
TITLE		☐ pereie	4.1 TI 4. 2 N			E Change Nuodion
NAME STREET ADDRESS					ADDRESS	
CITY-ST-ZIP					ST-ZIP	
TITLE .	// / / / / / / / / / / / / / / / / / /	DELETE	5.1 TI			☐ Change ☐ Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.8 ST	REFT	ADDRESS	
CITY-ST-ZIP		DELETE			61 - ZIP	☐ Change ☐ Addition
TITLE		[_] DECEIE	6.1 TI 6.2 N			
NAME STREET ADDRESS			i i		ADDRESS	
CITY-ST-ZIP					ST-ZIP	
14. I do herek			ify for the	ех€	mption sta	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the
I am an oi	n indicated on this annual report or s flicer or director of the corporation or n Block 12 or Block 13 if changed, or	the receiver or trustee empor	vered to a	انانانانا ۱XBC ر	cute this re	that my signature shall have the same legal effect as if made under oath; that iport as required by Chapter 607, Florida Statutes; and that my name