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

PROFIT CORPORATION ANNUAL REPORT

1997

JACK E. LONDON, P.A.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H91840

(9)

FILED Jan 16 1997 8:00am Secretary of State

	THE PARTY OF THE P						-			
Principal Place of Business			Mailing Address							
4000 HOLLYWOOD BLVD 350 N			4000 HOLLYWOOD BLVD 350 N							
HOLLYWOOD FL 33021 US			HOLLYWOOD FL 33021-6751 US							
						3. Date Incorporated or Qualified 12/19/1985 3a. Date of Last Report 03/26/1996				
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	Ar	oplied For	
21		26	26				59-1618786 Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Fee Re	Additional equired
City & State			City & State			6. Election Campaign Financing		\$5.00	May Be	
23			28				Trust Fund Contribution		Added	
Zip	Country	ļ ₁	Zip	Cc	ountry	/	8. This corporation has liability for			. 199.032,
24	25	29		30	·			Yes _		
	9, Name and Address of Curre	ent Regis	tered Agent		+-	T	10. Name and Address of New Re	gistered A	gent	
	IDON, JACK E.) HOLLYWOOD BLVD				81	Name				
			82	Street Addre	ss (P.O. Box Number is Not Acceptate	ole)				
SUITE 350N										
HOLLYWOOD FL 33021					83					
				84	City	FL 85 Zip Code			Code	
11 Pursuant	to the provisions of Sections 607.05	/12 and 6	07 1508 Florida Statu	tes the	abou	e-named corno	pration submits this statement for the	urrose of	<u>l</u>	te registered
office or r agent 1 a SIGNATURE	m famuar with, and accept the obl-	gations of	f, Section 607.0505, Fl	orida St	atute	\$.	on's board of directors. I hereby acce		intment as	registered
<u> </u>	Signation, type dice pentir dinance of registered a					ent a gnature require		DATE		
12.	OFFICERS AI	ND DIREC	DELETE DELETE	13			ADDITIONS/CHANGES TO OFFIC			
TITLE	LONDON, JACK E.		טבוביב		TITLE			L	Change	☐ Addition
NAME	4000 HOLLYWOOD BLVD SU	ITE 2501	TE 350N		1.2 NAME					
STREET ADORESS	HOLLYWOOD FL	11E 3301	•			ADDRESS				
CITY-ST-ZIF	HOLLINGOO PE		☐ DELETE		CITY-S	ST-ZIP		 		
TITLE			L_ Deterie		TITLE			ı	Change	Addition
NAME					NAME	1				
STREET ADDRESS				2.3	STREET	ADDRESS				
CITY-ST ZIF						SI-ZIP				
THLE			☐ DELETE	1	TITLE			ι	Change	Addition
NAME				1	NAME					
STREET ADDRESS				33	STREET	I ADDRESS				
CITY-S1-ZIP						ST-ZIP				
1:TL€			DELETE	4.1	TITLE			1	Change	Addition
NAME				4.2	NAME					
STREET ADDRESS				4.3	STREET	T AODRESS				
CITY-ST-ZIF					CITY-S	ST-ZIP				
TITLE			☐ DELETE	5.1	TITLE				Change	Addition
NAME				5.2	NAME					
STREET ACIONISS				5.3	STREET	T ADDRESS				1

14. I do hereby certify that the information supplied with information indicated on the annual report or supplied is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the nertial annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that sever or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 q ttachment with an address

6.4 CITY - ST - ZIP

5.4 CITY - S1 - ZIP

6.3 STREET ADDRESS

6.1 TITLE

62 NAME

SIGNATURE:

CITY-ST ZP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

DELETE

954.962-8889

Addition