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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

	MENT # <b>H9975</b> 4 INIFORMS, INC	4 (4)			NATA BURU BUKU BUKU BUKA BURU HADI	
Principal Place of Business 4101 N. ANDREWS AVE. SUITE 204 FT. LAUDERDALE FL 33309		Mailing Address 4101 N. ANDREWS A SUITE 204	VE.		1901 1101 0101 9884 4411 4611 461 -	
		FT. LAUDERDALE FL 33309-4775		3. Date Incorporated or Qualified 02/18/1986	3a. Date of Last Report 02/21/1996	
	Place of Business	2a. Mailing Address		4. FEI Number 65-000894	Applied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Regulred	
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	<b>Z</b> ip	Country	Trust Fund Contribution  8. This corporation has liability for in		
24	25	29	30		Yes No	
	9. Name and Address of Curre	nt Hegistered Agent	81 Na	10. Name and Address of New Req	pistered Agent	
BEVERLY SACHS 4101 N ANDREWS AVE SUITE 204			<b>82</b> St			
Fĭ	LAUDERDALE FL 33309		63			
			<b>84</b> Ci		FL 85 Zip Code	
11. Pursuant office or agent 1:	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607,1508, Florida S e of Florida. Such change v pations of, Section 607.050	itatutes, the above-nat was authorized by the 5, Florida Statutes.	ned corporation submits this statement for the p corporation's board of directors. I hereby accep	urpose of changing its registered the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered ag	ien; and tille if appiloable	(NOTE: Registered Agent sig	nature required when reinstating)	DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PSTD	☐ DELETE			Change Addition	
NAME	SACHS, BEVERLY		1.2 NAME			
STREET ADDRESS	10701 N.W. 7TH CT. PLANTATION FL 33324		1.3 STREET ADDR	ESS	·	
CITY-ST-ZIP	PDANIATION PL 33324	DELET	1.4 CITY - ST - ZIP		Change Addition	
TITLE NAME		[] Deterio	2.2 NAME		Consider Sounds	
STREET ADDRESS			2.3 STREET ADD	200		
CITY-ST-ZIP			2. 4 CITY - ST - ZIF			
TITLE		DELETE			Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDE	ESS		
CHTY - ST - ZIP			3.4. CITY - ST - ZI			
TITLE		☐ DELETE	4,1 TITLE		Change Addition	
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADOP	ESS	• •	
CITY-ST-ZIP		T T EST EST	4.4 CITY-\$T-ZIP		. III Chan III Addison	
TITLE		☐ DELETE	1		Change Addition	
NAME			5.2 NAME		·	
STREET ADDRESS			5.3 STREET ADDR	tee i		
	\ \			1000	·	
CHY-ST-ZIP		☐ I DE LETE	5.4 CITY-ST-ZIF		Channe Addition	
CHY-ST-ZIP TITLE NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	5.4 CITY-ST-ZIF		Change Addition	

14. If 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 Tenanged, or on an attagment with an address.

SIGNATURE

SIGNATURE AND TYPED THE PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #

**FILED** 

Feb 24 1997 8:00am

Secretary of State