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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # .131388

(8)

FILED Apr 15 1997 8:00am Secretary of State

Principal Place	E E. MALVAN, R.D.H., P.A. De of Business BLVD D AVENUE. SUITE D105	Mailing A	oddress ODFIELD BLVD STON FL 33434-5	5310					
US						 Date Incorporated or Qualified 09/02/1986 		te of Last R	eport
	Place of Business	<u> </u>	g Address			4. FEI Number		Ar	oplied For
Suite Apt.	# etc	26 Suite	Apt. #, etc.			59-2711925			ot Applicable Additional
22	r, 000	27	Apr. % oto.			5. Certificate of Status Desired			equired
City & State	to		State		TITLE TO THE STATE OF THE STATE	6. Election Campaign Financing		\$5.00	May Be
23		28		1 6 3		Trust Fund Contribution			to Fees
Zip 4	Country 25	Zip		Countr	ry	8, This corporation has liability for Florida Statutes		tax under s I No	. 199.032,
41	g Name and Address of Curr	29 rent Registered /	Agent	[30]		10. Name and Address of New Re			
MAI	LVAN, BONNIE E.			81	1 Name				
	52 WOODFIELD BLVD CA RATON FL 33434		82 Street Add		dress (P.O. Box Number is Not Acceptat	ble)			
				84			FL	85 Zip	Code
office or a	registered agent, or both, in the Sta	ate of Florida, Suc	shichanne was				of the anno	sa treminic	registered
	am familiar with, and accept the ob-					poration submits this statement for the pation's board of directors. I hereby accelulated when reinstating)	DATE		
SIGNATURE	Signature Typed or printed name of registered OFFICERS A		shie (NO	TE: Registered As	geni signature requi		DATE	DIRECTOR	IS IN 12
SIGNATURE 12. TITLE NAME	Signature Typind or provided name of registered OFFICERS A D MALVAN, BONNIE E.	agent and title if applica	shie (NO	TE: Registered Ag 13. 1.1 TITLE 1.2 NAME	geni signature requi	ulred when reinstating)	DATE		
SIGNATURE 12. TITLE NAME STHEET ADDRESS	Signature Typed or protect name of registered OFFICERS A D MALVAN, BONNIE E. 4452 WOODFIELD BLVD	agent and title if applica	shie (NO	TE: Registered Ag	gent signature requi	ulred when reinstating)	DATE	DIRECTOR	IS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature Typind or provided name of registered OFFICERS A D MALVAN, BONNIE E.	agent and title if applica	shie (NO	TE: Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	gent signature requi	ulred when reinstating)	DATE CERS AND	DIRECTOR	IS IN 12
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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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 1997 3

561-997-8181

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