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PROFIT CORPORATION ANNUAL REPORT

1997

Lam an officer or director of appears in Block 12 or But

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business 3216 WEST COMMERCIAL BLVD. FT. LAUDERDALE FL 33309-3417 DOCUMENT # J53680 (1) Mailing Address 3216 WEST COMMERCIAL BLVD. FT. LAUDERDALE FL 33309-3417									
ri. Laubenda	ALE PL 30300-0417	FT. CROPEND	HELTE SOA	VV V117		3. Date Incorporated or Qualifier	d 3a. Da	ite of Last R	eport
						01/27/1987		29/1996	
2. Principal P	Place of Business	2a. Mailing A	ddress			4. FEI Number 59-2210914			oplied For
Suite Apt. #, etc		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Suite, Apt. #, etc.				\$8.75 Additional		
22	na nagaga, da mana na 145 gapa alma 1 man gay 18 Mahamamany 21 Nahamamany 27 Mahamaman 27 Mahamaman	27		***************************************		6. Certificate of Status Desired		Fee Re	quired
City & State	te	City & Sta	ite			6. Election Campaign Financing	П	\$5.00	
2 3] Zip	Country	28 Zip	· · · · · · · · · · · · · · · · · · ·	Country		Trust Fund Contribution 8. This corporation has liability for	or intendible		to Fees 199 032
24	25	29		30		Florida Statutes	☐ Yes [] No	
PAI	9. Name and Address of C	urrent Registered Age	nt .	81	Name	10. Name and Address of New	Registered /	Agent	
	RSTOW, BARBARA N. 16 WEST COMMERCIAL BLW	מי				10.00	(-LI-)		
	LAUDERDALE FL			82	Street Add	dress (P.O. Box Number is Not Accep	itable)		
				83					
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Soutions but	7 0502 and 607 1508, F State of Florida, Such of	lorida Statut	tes, the abov	e-named corp	poration submits this statement for the	e purpose of	nirdment as	renistered
	Signature, typical or printed name of register	aed agent and the if applicable		E Registered Ag		poration submits this statement for thation's board of directors. I hereby actived when reinstang)	DATE		***
SIGNATURE	Signature, typind or printed name of register OFFICER:	aed agent and tile if applicable S AND DIRECTORS	(NOI	E Registered Ag			DATE	DIRECTOR	IS IN 12
SIGNATURE. 12. TITLE	Signature, typical or printed name of register	aed agent and tile if applicable S AND DIRECTORS		E Registered Ag		ured when reinstating)	DATE		***
SIGNATURE	Styrisher, typical or printed name of reperce OFFICER: PSD BARSTOW, BARBARA 3216 WEST COMMERCIA	ued agent and the if applicable IS AND DIRECTORS	(NOI	13. 1.1 TiTLE		ured when reinstating)	DATE	DIRECTOR	IS IN 12
SIGNATURE. 12. TITLE NAM: STREET ADDRESS CITY - ST-7-22	Styristics, typed or printed name of reperce OFFICER: PSD BARSTOW, BARBARA 3216 WEST COMMERCIA FT. LAUDERDALE FL	ued agent and the if applicable IS AND DIRECTORS	(NOI	13. 1.1 Title 1.2 NAME 1.3 STREET	ent signature requi	ured when reinstating)	DATE	DIRECTOR Change	IS IN 12
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