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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # J53682

(7)

FRANK, SCHMITT & FRANK, P.A.

FILED									
Apr 07 1997 8:00am									
Secretary of State									

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1666 KENNEDY CAUSEWAY 705 CAPITAL BANK BLDG. NORTH BAY VILLAGE FL 33141-196 US  2. Principal Place of Business 21 Suite, Apt #. etc. 22 City & State 23 Zip Country		705 CAPITAL BANK BLI	1666 KENNEDY CAUSEWAY 705 CAPITAL BANK BLDG. NORTH BAY VILLAGE FL 33141 US  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28		3. Date Incorporated or Qualified 01/27/1987 3. Date of Last Report 03/27/1996 4. FEI Number 59-0686994 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for intangible tax under s. 199.032		
24	25	29	30		Florida Statutes	Yes X No	
	g. Name and Address of Curre	int Registered Agent		1 Name	10. Name and Address of New Re	gistered Agent	
#70 1660 NOF	NK, MICHAEL A. 5 CAPITAL BANK BLDG. 6 KENNEDY CAUSEWAY RTH BAY VILLAGE FL 33141  to the provisions of Sections 607.05 registered agent, or both, in the Stat	02 and 607.1508. Florida Ste le of Florida. Such change wa		3 City	ress (P.O. Box Number is Not Acceptable)  poration submits this statement for the pation's board of directors. I hereby acceptable	FL 85 Zip	Code ts registered registered
agent. La	irn familiar with, and accept the obli	gations of, Section 607.0505,	Florida Statut	es.			
SIGNATURE:	Signature, typed or princed name of registered a	onnt and title if applicable #	NOTE: Registered A	igent signature regi	dred when reinstating)	DATE	
12.		ND DIRECTORS	13.	Service Contract	ADDITIONS/CHANGES TO OFFICE		S IN 12
TIT; F NAME STREET ADDRESS	DP FRANK, ROBERT R. 1666 KENNEDY CAUSEWAY	☐ DELETE	1	e et address		Change	Addition
CITY-ST-ZIP THEE NAME STREET ADORESS CITY-ST-ZIP	N BAY VILLAGE FL	DELETE	2.1 TiTU 2.2 NAM 2.3 STRI			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITU 3.2 NAM 3.3 STRI			☐ Change	Addition
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TITLE NAME STREET ADDRESS CHY-S1-Zip		☐ DELETE	5.1 TITU 52 NAM 53 STRI 54 CITY	ET ADDRESS		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETÉ	6.1 TITL 6.2 NAM 6.3 STRI			[] Change	Addition

14. 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 ON PHINTED NAME OF SIGNING OFFICER ON DIRECTOR

(Robert R. Frank)

(305) - 868 - 4711

Daytime Phone #

0519361