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 # J66974

(3)

JOHN F. YEAGER, P.A.

FILED May 02 1997 8:00am Secretary of State

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	III BERTAN IN	II OUD MARIFULDIA	

Suite, Apt 22 City & State 23	VENUE S FL 33134 ace of Business #, etc.	Mailing Address 300 SEVILLA AVENUE SUITE 311 CORAL GABLES FL 33 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	134-6633	3. Date Incorporated or Qualified 04/14/1987 4. FEI Number 59-2780533 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	3a. Date of Last Report 09/27/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
Z(p 24 }	25	29	30	This corporation has liability for in Florida Statutes	Yes No
E-9]	g. Name and Address of Cur		1301	10. Name and Address of New Re	
COR 11. Pursuant toffice or re	SEVILLA AVE., STE 311 IAL GABLES FL 33134 to the provisions of Sections 607. egistered agent, or both, in the Sim familiar with, and accept the ob-	tate of Florida. Such change w	33 4 City atutes, the a ove-named coles authorize by the corpora	dress (P.O. Box Number is Not Acceptable of the provided submits this statement for the pation's board of directors. I hereby acceptation's board of directors.	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable (NOTE: Registeral Agent signature req	uired when reinstating)	DATE
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE NAME STHEET ANDRESS CITY-ST-ZIP TITLE	P YEAGER, JOHN F 300 SEVILLA AVE STE 311 CORAL GABLES FL	☐ DELETE	1.1 TITLÉ 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME STREET ADDRESS CITY-ST-7IP			2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST ZIE		□ DELETE	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 YITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
TITLE NAME STHEEL ACORESS CITY-ST-ZIP		DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP		☐ 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 and cated 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 12 or Block 12 or Block 12 or Block 13 if changed or an attachment with an address.

SIGNATURE CLUTCH

ME OF SIGNING OFFICER OR DIRECTOR

4/24/97 305 44477