## 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 #

(0)

1	ILED	
May 01	1997	8:00am
Secret	ary of	f State

Principal Place 2001 E OAKLU- SUITE 204 FORT LAUDER		Mailing Address 2601 E OAKLAND PK BLV SUITE 204 FORT LAUDERDALE FL 33			
US		US		<ol> <li>Date Incorporated or Qualified 06/02/1987</li> </ol>	<b>3a.</b> Date of Last Report <b>05/01/1996</b>
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21   Sulte, Apt. #, etc.		Suite, Apt. #, etc.		65-0003402	Not Applicable
22	,	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	8	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip R4	Country 25	Zıp	Country 30	8. This corporation has liability for i	
571	9. Name and Address of Curren		30	10. Name and Address of New Re-	
FOF	TE 204 RT LAUDERDALE FL 33306-8613 to the provisions of Sections 607.050	2 and 607 1508, Florida Statute	83 84 City	poration submits this statement for the p	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered age	ont and fille if applicable. (NOTE D DIRECTORS	: Hirgistered Agent signature requi		DATE ERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPDT DEINHARDT, JOHN B. 2601 E OAKLAND PK S204 FORT LAUDERDALE FL	□ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		L Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	DEINHARDT, JOHN B. 2601 E OAKLAND PK \$204 FORT LAUDERDALE FL 33306	[_] DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZM		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DEINHARDT, ELIZABETH C. 2001 E OAKLAND PK BLVD., S FT. LAUDERDALE FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS	$E_i^{'}$ .	☐ DELÉTE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5 3 STHEET ADDRESS 5 4 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	60000216 -05/06/970101 ***165.00	Change Addition  Change Addition  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.