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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

re L		1997		DIVISION OF CORPORATIONS								
THE STATE OF THE S	DOCUMENT # J80168 (4) 1. Corporation Name 1. C											
F	Principal Plac		Mailing Address									
精子 三日 日本	269 S FEDERAL HWY DEERFIELD BEACH FL 33441 US			269 S FEDERAL HWY DEERFIELD BCH FL 33441-4161 US								
r.	2. Principal P	<u> </u>	2a. Mailing Address 26									
To the second	Suite, Apt. #, etc. 22 City & State			Suite, Apt. #, etc. 27 City & State								
	23 Zip 24	28 try	28 Zip Country 29 30									
等的,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	718	9, Name and Addr MB, NORMAN -4 NE 12TH TERR YNTON BEACH FL 3		rrent Registered Agent 0502 and 607.1508, Florida Statutes, the abtate of Florida. Such change was authorized bligations of, Section 607.0505, Florida Statutes.				Vadi				
新年 にある	office or r	egistered agent, or bot	th, in the State of Flor					corr				
1	SIGNATURE	Signature, typed or printed name			(NOTE: Ro	g-stered Ager	nt signature r	iuper				
5.	12.	DP	OFFICERS AND DIRE		DELETE	13. 1.1 TITLE						
į.	NAME	DOMB, NORMAN	٠	. Dec 12	1.2 NAME							
No.	STREET ADDRESS	naa aan aan teen					1.3 STREET ADDRESS					
10	CITY-ST-ZIP	BOYNTON BEACH			1	1.4 CITY-ST	- 1					
1	TITLE											
S	NAME 2.2											
ar Langue	STREET ADDRESS				i	2.3 STREET A	ADDRESS					
							4 CITY-ST-ZIP					
51	TITLE				ELETE	3.1 TITLE	Į					

FILED Apr 23 1997 8:00am Secretary of State



DEERFIELD BEACH FL 33441		DEERFIELD BCH FL 33	DEERFIELD BOH FL 33441-4161						
US		US			3, Date Incorporated or Qualified 06/29/1987	3a. Date of Last Report 02/23/1996			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For			
21		26	26		59-2820522	Not Applicable			
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	***************************************			\$8.75 Additional			
22		27	27		5. Certificate of Status Desired Fee Required				
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00 May Be			
23		28			Trust Fund Contribution L Added to Fees				
Zip	F-1 - F-1			8. This corporation has liability for intangible tax under s. 199.032,					
24	25	29	30	l					
	g, Name and Address of C	urrent Hegistered Agent	8	1 Name	10. Name and Address of New Re	gistereo Agent			
	MB, NORMAN		ľ	IVALLIE	ne .				
	-4 NE 12TH TERR		В	2 Street Add	fress (P.O. Box Number is Not Acceptab	le)			
BO	YNTON BEACH FL 33435		8	2					
			ľ	3					
			8	4 City		85 Zip Code			
44 Durawant	to the provisions of Sections 60	7 DEDO and 607 1609 Florida Sta	lutos the abo	vo pamed oor	poration submits this statement for the p	FL of changing its registered			
office or r	registered agent, or both, in the	State of Florida. Such change wa	is authorized	by the corpora	poration submits this statement for the pation's board of directors. I hereby accep	of the appointment as registered			
	im familiar with, and accept the i	obligations of, Section 607.0505,	Florida Statut	0S.					
SIGNATURE	Signature, typed or printed name of register	(A) to depend and title ill applicable	ACTS : Rug stared A	neol signaturo regu	uired when reinstating)	DATE			
12.		S AND DIRECTORS	13.	gork digitoloro rado	ADDITIONS/CHANGES TO OFFICE				
TITLE	DP	DELETE	1.1 TITLE			Change Addition			
NAME	DOMB, NORMAN		1.2 NAM	- 1					
STREET ADDRESS	718-4 NE 12TH TERR		1.3 STRE	ET ADDRESS					
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY	-ST-ZIP)			
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STREET ADDRESS			2.3 STRE	ET ADDRESS					
- EN			2. 4 CITY	-ST-ZIP					
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NAME			3.2 NAM	E					
STREET ADDRESS			3.3 STRE	ET ADDRESS					
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TITLE			6.1 THLE	ì		CT change CT Modition			
NAME .			6.2 NAM						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			6.4 CITY	-51-7IP					

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 receip or inside empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name