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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUI 1. Corporatio BLANDE	* -	9 (7)						
Principal Plac	e of Business	Mailing Address			1 10 0 (11 0 ELEN 10 11 0 11 0 0 16 1 15 15 15	işi Aldıl Bibii I	HIBUT BABAL BEBEL	ELDII IDDI
2022 N.E. 18TH ST. FT. LAUDERDALE FL 33305		663 MIDDLE RIVER OR FT LAUDERDALE FL 33304	663 MIDDLE RIVER OR FT LAUDERDALE FL 33304-3509					
		US						
					 Date Incorporated or Qualified 09/14/1987 		ate of Last R 25/1996	leport
	lace of Business	2a. Mailing Address			4. FEI Number		Ar	oplied For
21	D	26			65-0005037			ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			6. Certificate of Status Desired			Additional equired
City & Stat	Α	City & State	· · · · · · · · · · · · · · · · · · ·		6 Floring Operation Figure			
23		28			Election Campaign Financing Trust Fund Contribution		UU.C¢ t bebbA	May Be
Zip	Country	Zip	Country	,	8. This corporation has liability for			
24	25	29	30				□ No	
	9. Name and Address of Curre	ent Registered Agent	81		10. Name and Address of New R	egistered	Agent	
DRAGANI, RAYMOND J.				Name				
663 MIDDLE RIVER DRIVE				Street Add	dress (P.O. Box Number is Not Accepta	able)	··· ··· ··· ··· ··· ··· ··· ··· ··· ··	
FT.	LAUDERDALE FL 33304							
			83					
			84	Crty		FL	85 Zip	Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the obli Signature, typed or printed name of registered a				rporation submits this statement for the ation's board of directors. I hereby accor-	opt the app	ointment as	registered
12.	OFFICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	IS IN 12
TITLE	PVST	• • •					Change	Addition
NAME	DRAGANI, RAYMOND J.		1,2 NAME					
STREET ADDRESS	663 MIDDLE RIVER DR		1,3 STREET	ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL	- I process	1.4 City - S	T-ZIP				14.00
TITLE	in	☐ DELETE	21 TITLE	1			Change	Addition
NAME			2 2 NAME					
STREET ADDRESS			2.3 STREET					
CHY-ST-ZIP	DELETE		2. 4 CITY - S1 - ZIP 3.1 TITLE				Change	Addition
NAME	•		3.2 NAME	1			onungo	
STREET ADDRESS			3 3 STREFT	ADDRESS				
CITY-ST-ZIP			3.4. CITY - S					
TITLE		DELETE	4.1 TOLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	T-ZIP				
TITLE	· · · · · ·	☐ DELETE	5.1 THLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP		DELETE	5.4 CITY - S	T-ZIP			Change	Addition
TITLE		L DELETE	6.1 TITLE				∟ change	☐ Manual
NAME			6.2 NAME					

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 receive of trustee empowered to xec its report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an adaptment with an address.