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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J94753**

(7)

FILED Jan 29 1997 8:00am Secretary of State

T.K. ALL					
Principal Place of Business 1991 B TIGERTAIL BLVD DANIA FL 33004 US		Mailing Address 1991 B Tigertail BLYD Dania FL 33004-2104 US		# (1994) a DING TELE BABIN 1860 SANDE EAL AT	
				 Date Incorporated or Qualified 09/25/1987 	3a. Date of Last Report 02/15/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2382528	Not Applicable
Suite Apt.	# etc.	Suite, Apt. #, etc.	······	5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes \tag{\text{\text{\$\sum}}} No
<u> </u>	9. Name and Address of Curre		30	10. Name and Address of New Reg	
ALLE	Y, THOMAS		81 Name		
1991 B TIGERTAIL BLVD DANIA FL 33004			82 Street Ad	dress (P.O. Box Number is Not Acceptable	е)
			83		
			84 City		85 Zip Code
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		i i i		FL
office or r agent it a SIGNATURE			s authorized by the corpor Florida Statutes. The Registered Agent signature rec	orporation submits this statement for the puration's board of directors. I hereby accept	t the appointment as registered
12.	Signiture, typed or printed name of registers if ap OFFICE RS. AN	VD DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	DELETE	1.1 TOTLE		Change Addition
NAME	ALLEY, THOMAS		1.2 NAME		'
STREET ADDRESS	1991 B TIGERTAIL BLVD		1.3 STREET ADDRESS		•
CITY-S1-ZIF	DANIA FL		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	21 TITLE		Change Addition
NAME	ALLEY, BETTY		22 NAME		;
STREET ADDRESS	1991 B TIGERTAIL BLVD		2.3 STREET ADDRESS		
CHY-ST-ZIP	DANIA FL	T brieve	2. 4 CITY - ST - ZIP		Change Ladre
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		1
STREET ADDRESS			3.3 STREET ADDRESS		•
CITY - ST - ZIP TITLE	,	DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4 2 NAME		from with gard and the state of
STREET ADDRESS			4 3 STREET ADDRESS		
CITY+SI-7IP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C(TY + ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAMÉ			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
€(TY - ST - 2IP			6.4 CITY-ST-ZIP		

14. If 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 for on an attachment with an address.

SIGNATURE

HOMAS K. IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/97

954-920-0300

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