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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 15 1997 8:00am Secretary of State

| Principal Place of Business S255 NW 27 AVENUE MIAMI FL 33142 US Mariling Address S255 NW 27TH AVE. MIAMI FL 33142 US | | | | | | | | | | |
|---|---|--------------------------------|---|------------------------|--|--|--|--------------------------|-----------------------------|--|
| | | | | | | Incorporated or Qualified 5/1987 | 3a. D | ale of Last F 23/1996 | leport | |
| ~ · | Place of Business | 2a. Mailing Address | ٦ , | | | lumber -0036293 | | | pplied For | |
| Suite, Apt | I. #, etc | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | ficate of Status Desired | | | ot Applicable Additional | |
| City & Sta | Jo | City & State | City & State | | | | Fee Required | | | |
| 23 | ae | 28 | | | | tion Campaign Financing t Fund Contribution | | | May Be to Fees | |
| Zip 24 | Country 25 | Zip 29 | Count | y | Floric | corporation has liability fo da Statutes | Yes | □ No | . 199.032. | |
| | 9. Name and Address of Curren | t Registered Agent | 8 | 1 Name | 10, Nam | e and Address of New I | legistered | Agent | | |
| SCHLICHTE, RAY A., JR. 2134 HOLLYWOOD BLVD HOLLYWOOD FL 33020 | | | | | | | | | | |
| | | | | | Address (P.O. Bo | ox Number is Not Accept | lable) | | | |
| | | | 8 | 3 | | | | | | |
| | | | 8 | 4 City | · | | FL | 85 Zip | Code | |
| SIGNATURE | am lamiliar with, and accept the obligation lyped or pented name of registered age OFFICERS ANI | ent and tire if applicable. (N | OTE: Registered A | gent signature | required when reinstal | Ingil TIONS/CHANGES TO OF | DATE FICERS AN | | RS IN 12 | |
| THTE NAMS STREET ADDRESS CHY-ST-ZIP | SCHLICHTE, RAY A III 3484 SW 44TH ST. FT. LAUDERDALE FL | C'' DELETE | 1.3 TITU 1.2 NAM 1.3 STRE 1.4 CITY | ET ADDRESS | | | | Change | L ADDITION | |
| TOTALE | V | ☐ DELETE | 2.1 YITU | | | ····· | | (7) enange | Addition | |
| NAME | NOWAK, JOSEPH A 1925 MADISON ST., APT. 20 | | 2 2 NAM | | | W 86 AU # | | | | |
| STREET ADDRESS CITY-ST-71P | HOLLYWOOD FL | | | ET ADDRESS -st-zip | PEMBR | one Pives, | PLA | . 330 | 25 | |
| THEF | TS | DELETE | 3,1 TiTLI | | | | | Change | Addition | |
| NAME STREET ADORESS | NOWAK, TIMOTHY J 19255 NE 10 AVENUE, #404 | | 3.2 NAM | | 5401 8 | SW 2 ND 87 | Γ, | | | |
| STREET ADJURESS CITY-ST-749 | N. MIAMI BEACH FL | | • | ET ADDRESS -ST-ZIP | PLANT | ATION T | - LA. | 33 | 317 | |
| IIILE | | DELETE | 4.1 TITL | | | | ······································ | Change | Addition Addition | |
| NAME | | | 4. 2 NAM | 1 | ı | | | | | |
| STREET ADDRESS City-St-Zip | | | | ET ADDRESS - ST-ZIP | İ | | | | | |
| TOLE | | DELETE | 5.1 YITU | | -, , , , , , , , , , , , , , , , , , , | | | Change | Addition | |
| NAME | | | 5.2 NAM | | | | | | | |
| STREET ADDRESS | | | - 6 | ET ADDRESS | | | | | | |
| CITY - ST - ZIF TITLE | | DELETE | 5.4 CITY 6.1 TITU | | | | | Change | Addition | |
| NAME | | | 6.2 NAM | ſ | · | | | | | |
| STREET ADORESS | 5 | | 6.3 STRE | et address | · | • | | | | |
| | | | | | | | | | | |

I commonly centry medicine information in the mornation is annual report in the exemption stated in Section 1.19.07(3)(), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: