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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K15522

(1)

FILED Mar 31 1997 8:00am Secretary of State

Ody & State 23 Zip 24 9, 1 WHITE, DA 13950 NW OPA-LOCK 11, Pursuant to the office or register agent. I am family signification of the support of the	Country 25 Name and Address of Cu	26 Surk 27 City 28 Zip 29 zepsterect	d Agent	30	81 82 83 84 bove ed by tutes	Name Street Addre	4. 5. 6. 8. 10.	, Name and Address of New Re	04/1	\$8.75 Fee Re \$5.00 Added tax under s No Agent	pplied For of Applicable Additional equired May Be to Fees s. 199.032,
Suite, Apt #, etc. 22 City & State 23 Zip 24 WHITE, DA 13950 NW OPA-LOCK 11. Pursuant to the poffice or register agent I am familiant Signification. SIGNATURE 12. Talle PSTI NAME WHISTREELADORESS 1554 CITY-SI 77: OPA	Country 25 Name and Address of Cu AVID A. 7 22ND AVE. KA FL 33054 Provisions of Sections 607 rea agent, or both, in the Section and accept the co	26 Surk 27 City 28 Zip 29 zepsterect	d Agent	30	81 82 83 84	Name Street Addre	4. 5. 6. 8. 10.	FEI Number 65-0033306 Certificate of Status Desired Election Campaign Financing Trust Fund Contribution Trust corporation has liability for Florida Statutes Name and Address of New Re	intangible Yes [egistered	\$8.75 Fee Re \$5.00 Added tax under s No Agent	ot Applicable Additional equired May Be to Fees 5. 199.032,
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	d Ite, David A. 45 NW 158th St. Rd.		DELETE	1.17 12 N	IAME	ADDRESS				Change	Addition
NAME STREET ADORESS	A-LOCKA, FL. 33054		DELETE	21 T 2.2 N	IAME	T-ZIP ADDRESS			***************************************	Change	Addition
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CHY-SI-ZOF THEE NAME SIREEFAINDESS			☐ DELETE	6.1 1 6.2)	IAME	T-ZIP ADORESS				Change	Addition

4. To hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I). Florida Statutes. Truther 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 an an officer or director of the corpolation 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 allochment with an address.

SIGNATURE:

TURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIREC

A. WHIE

2/25/97

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