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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 31 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K28633

(1)

M. FLEISCHER, INC.

SIGNATURE:

Principal Place of Business Mailin				illing Address			I IONIBILI BIB UNDI INTU BARA MARKA		OMM DIDIL DIDIL	
825 EG	RILYN FLEISCHE Bret Cr #205 Y Boh Fl 3344!	825 EGRET CR	MARILYN FLEISCHER 125 EGRET CR #205 DELRAY BOH FL 33444-7605							
							3. Date Incorporated or Qualified 07/11/1988	1	ate of Last R /21/1996	eport
2. Principal Place of Business			2a. Mailing Addr	2e. Mailing Address			4. FEI Number	·····		plied For
21			26	·}····!·······························			65-0100143	,		t Applicable
Suite, Apt. #, etc.			27	L I			5. Certificate of Status Desired		\$8.75 / Fee Re	
City 23	& State		City & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zıp	······································	Country	Zip				8. This corporation has liability for intangible tay under s. 199.032,			
24		25 29 30					Florida Statutes			
	9, N	ame and Address of Cu	10. Name and Address of New R	egistered	Agent					
FLEISCHER, MARILYN					81	Name				
	825 EGRET	r CR #205 CH FL 33445		82 Street Ad			ress (P.O. Box Number is Not Accepta	ble)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	DECIPAL D	UII FE 30443			В3				······································	
					84	City	· · · · · · · · · · · · · · · · · · ·	FL	85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										s registered registered
SIGNA		in with and accept the o	onganons of, decitor ooz.	ooos, Honda Sie	nules	> .				
SIGNA		typed or printed name of registers	d agent and title if applicable.	(NOTE Register	ed Age	int signature requi	red when reinstating)	DATE		
12.		OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	D		∐ D€	LEYE 1.1 1	TLE				Change	Addition
NAME		SCHER, MARILYN		1.2 (IAME					
STREET A		PACIFIC BLVD, #290	17	1.3 9	TREET	ADDRESS				
CITY-ST-	ZIP BOC	A RATON FL			ITY-S	T-ZIP			PT 0:	
TITLE			☐ DE						Change	Addition
NAME					IAME					
STREET A						ADDRESS	A.			
CITY-ST-	ZIP		T pr			ST - ZIP				1.4.490
TITLE			L_J DE	LETE 3.11					Change	Addition
NAME	ADDIC C				IAME	4DDD505				
STREET A						ADDRESS				
CHY-SI-	נור		☐ DE			ST-ZIP			Change	☐ Addition
NAME									L. Criange	Audilloli
	DDOCCO				NAME	1000000				
STREET A						ADDRESS				
CHTY-ST-	ZIP		☐ DE		HTY-S	1- ZIP			Change	☐ Addition
NAME			- J		IAME				- viole	radilloit
STREET A	nnesse					ADDRESS				
						ADDRESS T. 700				
CITY-ST-	DIT		☐ DE		HTY-S	1-41			Change	Addition
NAME			الا ت		LAME				- vilange	
STREET A	ndeess					ADDRESS				
					ITY-S		•			

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 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.