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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # K46591

(9)

**FILED** Apr 25 1997 8:00am Secretary of State

	ON MAINTENANCE SERVI	Maili <b>3211</b>	ing Address N 74 AVE. YWOOD FL 33024-2								
							3. Date Incorporated of 11/21/1988	r Qualified		ate of Last 01/1996	Report
	Place of Business	}-··	Mailing Address				4. FEI Number				pplied For
21		26	Note that the sale				65-0082485				lot Applicable
Suite, Apt	t ⊮, et¢.	27	Suite Apt #, etc.				5. Certificate of Status	Desired			Additional Required
Cily & Sta	::::::::::::::::::::::::::::::::::::::		City & State				6. Election Campaign I	Financing		<del></del>	May Be
23		28	•				Trust Fund Contribu				to Fees
Zip	Country		?ip	Cour	ntry		8. This corporation has	s liability for	intangible	tax under	s. 199.032,
24	25	29		30			Florida Statutes		Yes		
	9. Name and Address of Cu	irrent Registe	red Agent				10. Name and Address	of New Re	gistered	Agent	<del></del>
	CKO, KATHRYN S.			- [	B1 Nam	10					
	)1 GRANT STREET			ļ	82 Stree	et Addre	ss (P.O. Box Number is N	lot Acceptat	ole)	<del></del>	
HUL	LLYWOOD FL 33021			-	83						
					03						
				Ţ	64 City	***************************************		······································	FL	85 Zip	Code
44 Damasa	to the province of Sections 607	1 0500 and 607	1509 Florida Ctal	lutoo tho ob		ad corpo	eration as hosita this statem	ont for the r		4 observing	ite registeres
	it to the provisions of Sections 607 registered agent, or both, in the S am familiar with, and accept the c	State of Florida obligations of	. Such change was Section 607.0505, I	s authorized Florida State	by the cultes	orporatio	on's board of directors, I h	ereby accer	ot the app 4115	MT	a registered
office or agent 1: SIGNATURE.	Signature, typical opinibio name of registers	Let	applicable. (N	IOTE: Registered	7 H E A Agent signal	orporatio	on's board of directors. I h  S. PECKO d when reinstalling)  ADDITIONS/CHANGE		4/15 DATE	M7 DIFECTO	RS IN 12
SIGNATURE.	Signature, typed (1/4 too name of registers OFFICERS	ed agent and title Ta	appicable. (N	IOTE: Registered 13. 1.1 T()	7 H E.A Agent signar LE	CINE	S. PECKO		4/15 DATE	47	RS IN 12
SIGNATURE  12. TITLE NAME	Signature, 19869 / Notice came of register OFFICERS PECKO, JOSEPH	ed agent and title Ta	applicable. (N	13. 1.1 TIT	Agent signal LE	CINE ture required	S. PECKO		4/15 DATE	M7 DIFECTO	RS IN 12
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red increase centry may may meet importanted supplied with missing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information incloated 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 eath; 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 it changed, or on an attachmore with an address.

SIGNATURE: