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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K67979

(0)

Principal Place 2230 8W 86 AV MIRAMAR FL 3	Æ.	Mailing Address 2250 SW 66 AVE. MIRAMAR FL 33023-2873 US	,			
in the second						Date of Last Report)1/25/1996
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4, FEI Number	Applied For
21		26		NOT APPLICABLE	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Country		28	8 Country		Trust Fund Contribution	Added to Fees
24	25	—————————————————————————————————————	30 Count	у	8. This corporation has liability for inteng Florida Statutes	ible tax under s 199.032.
	9. Name and Address of Currer		301		10. Name and Address of New Register	
CAS	E, THOMAS		8	1 Name		
2250 SW 66 AVE.				2 Street Add	ress (P.O. Box Number is Not Acceptable)	
: MIRA	WAR FL 33023					
:			8:	3		
			8	4 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo office or registered agent, or both, in the State of Florida. Such change was authorized to				L ve-named cort		
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was a	uthorized t	y the corporat	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE	and accept the oblig	ations at, occitor 607.0000, 110	mine Otenan			
<u>: : : : : : : : : : : : : : : : : : : </u>	Signature, typed or printed name of registered aga			gent signature requi	red when reinstating) [JA]	<u></u> }
12.	OFFICERS AN	D DIRLCTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	CACE TUDIALE		1.1 TITLE			Change Addition
NAME	2250 SW 66 AVE.		1.2 NAMS	ì		
STREET ADDRESS	MIRAMAR FL 33023			EL ADDRESS		
CITY-ST-ZIP			1.4 CITY - 2.1 TIBLE	31-ZIF		Change Addition
NAME			2.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			2. 4 C(1 y - \$1 - ZIP			
TITLE	DELETE 3.		3.1 TiTL€			Change Addition
NAME			3 2 NAME	•		
STREET ADDRESS			3 3 STREE	ET ADDRESS		
CITY-ST-ZIP		Descri	3.4. CitY	- ST - ZIP		
TITLE	<u> </u>		4 1 THTLE			☐ Change ☐ Addition
NAME			4. 2 NAM			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE			4.4 CITY - 5.1 TITLE	- 51-ZIF		Change Addition
NAME			5.2 NAME			
STREET ADDRESS				1 ADDRESS		}
CITY-ST-ZIP			5.4 CITY -			
TITLE			G 1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME	1		
STREET ADDRESS			63 STREE	T ADDRESS		
CITY ST. 7IP			6.4 City -	Q1 - 71P		

14. I do hereby certify that the information supplied with this filing cloes 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 sypplemental 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 of 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.

FILED

Jan 29 1997 8:00am

Secretary of State