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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

**FILED** 

Apr 14 1997 8:00am

Secretary of State

Principal Plac 7011 N. PINE TAMARAC FL	ISLAND RD.	Mailing Address 7011 N. PINE ISLAND RD. TAMARAC FL 33321-2521	<u> </u>		
				<ol> <li>Date Incorporated or Qualified 03/06/1989</li> </ol>	3a. Date of Last Report 04/22/1996
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0117642	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & Stat	ρ	City & State		6 Clastic Course Francis	
23	•	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7ip	Country	8. This corporation has liability for i	110000101000
24	25	29	30	· · · · · · · · · · · · · · · · · · ·	Yes No
	9. Name and Address of Curre			10. Name and Address of New Re	gistered Agent
ORE	ETSKY, RICHARD		B1 Name		
	NW-112 WAY		82 Street Add	dress (P.O. Box Number is Not Acceptab	ile) _
COF	RAL SPRINGS FL 33071		105	5 N.W. 121 CA	NE
			83		
			B4 City		85 Zip Code
				PARL SPRINGS reporation submits this statement for the p	FL 3307/
11. Pursuant office or r	to the provisions of Spations 607.05 registered agent, or both, in the Stat	502 and 607.1508, Florida Statute te of Florida. Such change was a	is, the above-named co ulhorized by the corpor	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered but the appointment as registered
agent. I a	m familiar with, and accept the obli	gations of, Section 674,0505, Flor	rida Statutes.	1/1/20	
SIGNATURE	Signalure, typod or printed name of registered a	() ressylva:	Registered Agent signature reg	7/0/1/-	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	0	DELETE	1,1 TITLE		Change Addition
NAME	ORETSKY, JACE		1.2 NAME		<u> </u>
STREET ADDRESS	615 NW 112 WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-S1-ZIP		ì
TITLE	0	☐ DELETE	2.1 TITLE		Change Addition
NAME	ORETSKY, RICHARD		2.2 NAME		15
STREET ADDRESS	9340 CHELGEA DRIVE SOUT	H-T	2.3 STREET ADDRESS	1055 NW 121 CAN	
CITY-ST-ZIP	PLANTATION PL-		2.4 CITY - ST - ZIP	1055 NW 121 LAN CORAL SPRINGS, F	-6 33071
TITLE		DELETE	3 1 THLF		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T Dreve	3.4. CITY-ST-ZIP		Obs.
TITLE		L DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE NAME		L3 DICCII	5.1 TITLE 5.2 NAME		L'I Quange (L'I MODITO)
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
			1		
CITY-ST-ZIP TITLE		DOLLETE	5.4 CHY-ST-7IP 6.1 THLE		Change Addition
NAME		Car Peteric	6.2 NAME		El Sando El Robiloti S
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-7IP			6.3 STREET APPRESS		

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 inchanged, or on an attachment with an address.