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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K79914

(3)

FILED Apr 11 1997 8:00am Secretary of State

Principal Place of Business C/O JEFF TOMBERG 626 S.E. 4TH ST. BOYNTON BEACH FL 33435	Mailing Address C/O JEFF TOMBERG 626 S.E. 4TH ST. BOYNTON BEACH FL 33	1435-4915					, 4 1071 4 10	11 81811 1981
					3. Date incorporated or Qualified 04/07/1989		ite of Last 05/1996	Report
2. Principal Place of Business	2a. Mailing Address				4, FEI Number	1 001		pplied For
21	26				65-0103087			lot Applicable
Suite, Apt. #. etc.	Suite, Apt. #, etc.				5, Certificate of Status Desired			Additional Required
City & State	City & State				6. Election Campaign Financing		\$5.00	May Be
23	28				Trust Fund Contribution		Added	to Fees
7ip Country	Zip) ——	untry		8. This corporation has liability for			s. 199.032,
25 25 9. Name and Address of Curren	29 Ageletered Agent	30	T		Florida Statutes 10. Name and Address of New Re	Yes [
TOMBERG, JEFF	Trogramored Agent		81	Name	10, region and realises of their file	giarates .	190111	
626 S.E. 4TH ST.								···· ···
BOYNTON BEACH FL 33435			82	Street Addres	ss (P.O. Box Number is Not Acceptat	ole)		
DOTATOR BEACH 1 C 30435		1	83	*************************************				
•								
•			84	City		FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0503 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligated SIGNATURE. Signature typed or print the provisional agent.		·		nt signature required		DATE CATE	ointment a	s registered
	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12
TITLE DP	DELETE	1.1 Ti	ITLE				Change	☐ Addition
NAME TOMBERG, JEFF		1.2 N	AME					
STREET ADDRESS 626 S.E. 4TH/ST.								
		1.3 S	TREET	ADDRESS .				
CITY-SI-ZIP BOYNTON BEACH FL		1.40	ITY - ST				·	
TITLE	☐ DELETE	1.4 C 2.1 Ti	ITY - ST				Change	Addition
TIPLE NAME	☐ DELETE	1.4 C 2.1 TI 2.2 N	ITY-ST ITLE IAME	T-ZIP		·	Change	Addition
TITLE NAME STREET ADDRESS	☐ DELETE	2.1 TI 2.2 N 2.3 S	ITY-ST ITLE IAME TREET /	t-zip Address		 	Change	Addition
TITLE NAME STREET ADDRESS CHY-SI-7IP		1.4 C 2.1 Ti 2.2 N 2.3 Si 2.4 C	ITY-ST ITLE IAME TREET I	t-zip Address				
TITLE NAME STREET ADDRESS CHY-SI-7IP TITLE	☐ DELETE	1.4 C 2.1 Ti 2.2 N 2.3 Si 2.4 C 3.1 Ti	ITY-ST ITLE IAME IREET A CITY-S	t-zip Address			☐ Change	☐ Addition
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TITLE NAME STREEL ADDRESS CUY-SI-7:P TITLE NAME STREEL ADDRESS CITY-SI-7:P	☐ DELETE	1.4 C 2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 TI 3.2 N 3.3 SI 3.4 C	ITLE IAME TREET / ITLE IAME TREET / ITLE IAME TREET / ITLE TREET /	T-ZIP ADDRESS T-ZIP ADDRESS			Change	Addition
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TITLE NAME STREEL ADDRESS CUY-SI-7:P TITLE NAME STREEL ADDRESS CITY-SI-7:P	☐ DELETE	14C 21Ti 22N 23Si 2.4C 31Ti 32N 34.C 41Ti 4.2N	ITY-ST ITLE IAME TREET I CITY-S ITLE IAME TREET I CITY-SI ITLE IAME	T-ZIP ADDRESS ST-ZIP ADDRESS IT-ZIP			Change	Addition
TITLE NAME STREEL ADDRESS CITY-SI-7PP TITLE NAME STREEL ADDRESS CITY-SI-7PP TITLE NAME	☐ DELETE	14C 21Ti 22N 23Si 2.4C 31Ti 32N 33S 34.C 41Ti 4.2N 4.3Si	ITY-ST ITLE IAME TREET I CITY-S ITLE IAME TREET I CITY-SI ITLE IAME	ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ADDRESS			Change	Addition
TITLE NAME STREEL ADDRESS CITY-S1-7/P TITLE NAME STREEL ADDRESS CITY-S1-7/P TITLE NAME STREEL ADDRESS	☐ DELETE	14C 21Ti 22N 23Si 2.4C 31Ti 32N 33S 34.C 41Ti 4.2N 4.3Si	ITY-ST ITLE IAME TREET / ITLE IAME TREET / ITLE IAME TREET / ITLE IAME ITLE IAME ITLE ITLE ITLE ITLE ITTLE	ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ADDRESS			Change	Addition
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TITLE NAME STREEL ADDRESS CUY-SL-ZIP TITLE NAME STREEL ADDRESS CITY-SL-ZIP TITLE NAME STREEL ADDRESS CITY-SL-ZIP TITLE THE TAME TO THE TAME THE TAM	☐ DELETE	14C 21Ti 22N 23Si 2.4C 31Ti 32N 33S' 34.C 41Ti 4.2N 4.3Si 4.4Ci 51Ti 52N	ITY-ST ITLE AME TREET / CITY-S ITLE IAME TREET / ITLE IAME TREET / ITLE ITLE AME	ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ADDRESS			Change	Addition
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I have a second that the mornation supplies will use ming does not quality to the exemption stated in Section 119.07(3)(j), 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 chapter 6, or or an attachment with an address.

SIGNATURE:

SIGNATURE ANT TYPE OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

0320072