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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Apr Se	199 tary		

FILED

incipal Plac O RALEIGH LLYWOOD F		Mailing Address 7580 RALEIGH ST HOLLYWOOD FL 33024-26 US	S34 · ·	3. Date Incorporated or Qualified 04/26/1989	3a. Dat	e of Last R	
Principal P	Place of Business	2a. Mailing Address		4. FEI Number	U4)24		plied For
		26		65-0116234		F	t Applicabl
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Ζιр	Country (25)	Zip 29	Country 30	8. This corporation has liability for	intangible t	ax under s	
	9. Name and Address of Curre	·	1301	10. Name and Address of New Ro			
APP	LETON, NANCY C.		81 Name		71		
	N.E. 128TH STREET YTH MIAMI FL 33161		82 Street Add	ress (P.O. Box Number is Not Accepta	ble)		 .
1101	1111 IIIW WINI 1 & WOTOT		83				
			84 City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FL.	85 Zip (Code
office or t	to the provisions of Sections 607.05 registered agent, or both, in the Stat an familiar with, and accept the oblig	e of Florida Such change was	authorized by the corpora	ation's board of directors. I hereby acce	ept the appo	intment as	registered
GNATURE	Signature, typed or profed name of tegethered as	per and title if applicable. (NO	TE: Regislared Agent signature requ	ured when reinstating)	DATE		
GNATURE.	Signature, typed or profed name of tegethered as	port and title if applicable. (NO NO DIRECTORS	TE: Registered Agent signature requ		DATE CERS AND	DIRECTOR	IS <u>IN</u> 12
GNATURE.	Signifure, lyped or profed name of regetered at OFFICERS AN	per and title if applicable. (NO	PTE: Registered Agent signature required 13.	ured when reinstating)	DATE CERS AND		IS IN 12
GNATURE. • • • • • • • • • • • •	Signature, typed or profed name of tegethered as	port and title if applicable. (NO NO DIRECTORS	PTE Registered Agent signature required 13. 11 TITLE 12 NAME	ured when reinstating)	DATE CERS AND	DIRECTOR	IS IN 12
	Signature, special or product outnowed ingentioned at OFFICERS AN PT BARNWELL, GEOFFREY	port and title if applicable. (NO NO DIRECTORS	PTE: Registered Agent signature required 13.	ured when reinstating)	DATE CERS AND	DIRECTOR	IS <u>IN</u> 12
GNATURE LE PE LECADDRESS Y-ST-20E	Signature, lying or provide name of regarded as OFFICERS AN PT BARNWELL, GEOFFREY 172 NE 6TH CT DANIA FL VPS	port and title if applicable. (NO NO DIRECTORS	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS	ured when reinstating)	DATE CERS AND	DIRECTOR	IS IN 12
SNATURE F F F F F F F F F F F	Signature, lyind or printed name of registrant at PT PT BARNWELL, GEOFFREY 172 NE 6TH CT DANIA FL VPS WEEMS,STEPHEN	per and after thapplicative. (NC ND DIRECTORS	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TUTLE 2.2 NAME	ured when reinstating)	DATE CERS AND	DIRECTOR Change	IS IN 12
GNATURE F F F ME BET ADDRESS A ST-7H F ME BET ADDRESS	Signature typed or provide name of registract as PT BARNWELL, GEOFFREY 172 NE 6TH CT DANIA FL VPS WEEMS,STEPHEN 172 NE 6TH CT	per and after thapplicative. (NC ND DIRECTORS	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - 2IP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS	ured when reinstating)	DATE CERS AND	DIRECTOR Change	IS IN 12
SNATURE F F F F F M SHADDRESS V. S1. 70 F M SHET ADDRESS V. S1. 70	Signature, lyind or printed name of registrant at PT PT BARNWELL, GEOFFREY 172 NE 6TH CT DANIA FL VPS WEEMS,STEPHEN	per and other applicative. (NC ND DIRECTORS DELETE	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	ured when reinstating)	DATE CERS AND	DIRECTOR Change	IS IN 12 Addition
GNATURE LE VE LLE CADDRESS Y, ST. 70E LE ME	Signature typed or provide name of registract as PT BARNWELL, GEOFFREY 172 NE 6TH CT DANIA FL VPS WEEMS,STEPHEN 172 NE 6TH CT	per and after thapplicative. (NC ND DIRECTORS	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - 2IP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS	ured when reinstating)	DATE CERS AND	DIRECTOR Change Change	IS IN 12 Addition
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SNATURE LEVE LE L'ADDRESS Y. ST. 74E LE ME LET ADDRESS Y. ST. 24P LE ME LETT ADDRESS	Signature typed or provide name of registract as PT BARNWELL, GEOFFREY 172 NE 6TH CT DANIA FL VPS WEEMS,STEPHEN 172 NE 6TH CT	per and other applicative. (NC ND DIRECTORS DELETE	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME	ured when reinstating)	DATE CERS AND	DIRECTOR Change Change	IS IN 12 Addition Addition Addition
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CNATURE LE VE RELADDRESS Y-ST-ZH LE ME RELADDRESS Y-ST-ZHP LE	Signature typed or provide name of registract as PT BARNWELL, GEOFFREY 172 NE 6TH CT DANIA FL VPS WEEMS,STEPHEN 172 NE 6TH CT	per and other applicative. (NO NO DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ured when reinstating)	DATE CERS AND	DIRECTOR Change Change	IS IN 12 Addition Addition Addition
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