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 # K96380

(6)

BRITAN & KRAMER, P.A.

Principal Place of Business Mailing Address					I INTIGUIT ALS INITE MITEN ITEN INITE AND	YIRIN MINNI MINI MINI MINI MINI)
7700 N. KENDALL DR. #803 7700 N. KENDALL DR. #803 MIAMI FL 33156 MIAMI FL 33156-7597							
					3. Date Incorporated or Qualified 06/19/1989	3a. Date of Last 02/20/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 26					65-0136648		
Suite, Apt #, etc. Suite, Apt #, etc. 27					5. Certificate of Status Desired	Fee	Additional Required
City & State	:	City & State			Election Campaign Financing Trust Fund Contribution Added to Fees		
Zφ	Country	Zip	Country		8. This corporation has liability for		r s. 199.032,
24	25		30			Yes No	
	9. Name and Address of Current	t Registered Agent			10, Name and Address of New Re		
BRITAN, SCOTT S ESQ 🚜 S					P.C. Box Number is Not Acceptable) C. C. Keepell De. #4803		
7700 N. KENDALL DR. #850 805 MIAMI FL 33156 82 Street Addres							
			84	City	***	85 Zi	ip Code
		*** ***********************************		wis		FL ° 3	3156
office re n	egistered agent, or both, in the State.	of Florida. Such change was a	uthorized by	/ the cornorati	oration submits this statement for the plion's board of directors. I hereby accept	urpose of changing it the appointment	its registered as registered
agent Lar	m familiar with, and accept the obliga	itions of, Section 607.0505, Flo	rida Statute	S.	,		
SIGNATURE							
••••	Significant representation of registered ago.		:	ent signature require	ed when reinstating)	DATE	000 101 40
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Chang	
TIJLF	BRITAN, SCOTT S						rodition
NAME	7700 N. KENDALL DR. #803		1.2 NAME 1.3 STREET ADORESS				
STREET ADDRESSS	MAIMI FL						
C-1Y - S1 - 7IP	MAIMI FL	OELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Chang	ne Addition
Tillef					onange nountill		
NAME:			2.2 NAME	4 DADCOA			
STREET ADDRESS			2.3 STREET				
C TY+ST+ZIP		DELETE	2. 4 CHY- 3.1 TITLE	SI · ZIP		☐ Chang	ie Addition
THLE		- precie	3.2 NAME				- Name of the second
NAME DEDUCE ADDITION			3.3 STREET	AUDDECC			
STREET ADDRESS			3.4. CITY-				
CHY-ST ZIP TITLE		DELETE	4.1 TITLE	51-ZIF		Chang	e Addition
NAME			4. 2 NAME				
STREET ADDRESS				ADDRESS			
			4.4 CITY-5	· •			
CHT-ST-7P THUE		☐ DELETE	5.1 TITLE			Chang	ge Addition
NAME			5.2 NAME				
SINGET ALLUMESS			53 STREE	ADDRESS			
			5.4 CiTY-3				
CITY-ST ZIF		DELETE	6,1 TITLE	or En	1	Chang	e Addition
NAME		Barrell and the con-	6.2 NAME				
				T ADDRESS			
STREET ADORESS			6.0 STREE	- 1			

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 ellipowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1177 305374-2111

FILED

Mar 06 1997 8:00am

Secretary of State