## 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 # L01444

(3)

9. Corporation SECUNI Principal Place 898 N FEDERA	OUM ARTEM INC.	Mailing Address 950 N FEDERAL HWY			
STE 111 SUITE 200 POMPANO BEACH FL 33062 POMPANO BEACH FL 3306			24315		
US		US	U\$		3a. Date of Last Report 05/01/1996
2. Principai P	lace of Business	2a. Mailing Address		07/05/1989 4. FEI Number	Applied For
21 898	N. FEDERAL HOY	26 950 N. A	-EDERAL HA	65-0133347	Not Applicable \$8.75 Additional
22	N. FEDERAL HUY  # etc  e  OANO BEACH FL  Country	27 SCITE	100	5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Pomp	DANO BEACH, FL	28 POMPANO	BEACH FL	Trust Fund Contribution	Added to Fees
24 330 e	62 25 4S		Country 43	8. This corporation has liability for Florida Statutes	intangible tax/under s. 199.032, Yes <b>Sk</b> No
24 ////	9. Name and Address of Current F	Registered Agent	1	10. Name and Address of New Re	
SCH	IUR, J T		81 Name		
	N FEDERAL HWY SUITE 100		82 Street Addr	ess (P.O. Box Number is Not Acceptal	ble)
	MANO DEACH EL EL COCCO		B3		
PU	MPANO BEACH FL FL 33062		100		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607,0502 a registered agent, or both, in the State of	and 607.1508, Florida Statutes	s, the above-named corp	oration submits this statement for the	nurnose of changing its registered
agent. La	registered agent of both, in the state of am familiar with, and accept the obligation	ons of Section 607.0505, Flor	ida Statutes.	ion's board or directors. Thereby acce	pt the appointment as registered
SIGNATURE	was a second of the second of	4			DATE
12.	Signature, typed or ported name of tegan to Edglight OFFICERS AND I		Registered Agent signature requir	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
TITLE	V\$	DELETE	1.1 TITLE		. Change Addition
NAME	SCHUR, DANIEL C		1.2 NAME		
STREET ADDRESS	6730 NORTHWEST 23RD ST		1.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	MARGATE FL   PT	DELEJE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAMÉ	SCHUR, JOYCE T	C. Octob	2.2 NAME		
STREET ADDRESS	6730 NORTHWEST 23RD ST.		23 STREET ADDRESS		
CITY - S1 - ZIP	MARGATE FL		2 4 CITY - ST- ZIP		
TITLE		[]] DETEIR	31 TITLE		Change Addition
NAME			3.2 NAM:		
STREET ADDRESS  CITY-ST-Zil			3.3 STREET ADDRESS 3.4. CITY - ST- ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME	}		4. 2 NAME		
STREET ACCRESS			4.3 STREET ADDRESS		
C-1Y - S1 - ZIP		Linear	4.4 CITY ST - ZIF		D Observed Lawrence
TITLE		[_] DELETE	5 1 TITLE		Change
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CHY-ST-ZIP	1		54 CITY - ST - ZIP		
THE	· · · · · · · · · · · · · · · · · · ·	DELFTE	61 TITLE	30000208	Addition
NAME			6.2 NAME	30000208 -01/16/97010	)15053
STREET ADDRESS			6.3 STREET ADDRESS	***165.90	LOLL
CITY ST-209	1		6.4 CITY - S1 - ZIP		~~!!!»

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 supplicmental 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 it changed on on an attachment with an address

**SIGNATURE:** 

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/8/97-1954)943-821

**FILED** 

Jan 15 1997 8:00am

Secretary of State