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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06521

(3)

TINER AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

FILED Apr 29 1997 8:00am Secretary of State



4130 N.W. 10TH AVENUE FT. LAUDERDALE FL 33309 2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country 24 25 9. Name and Address of Curren D'ESPIES, KEVIN J. 201 S.E. 12TH STREET FORT LAUDERDALE FL 33316 11. Pursuant to the provisions of Sections 607 050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliges		10	4130 N.W. 10TH AVENUE FT. LAUDERDALE FL 33309-4601					Į.					
4190 N.W. 10TH AVENUE FT. LAUDERDALE FL 33309													
									3. Date Incorporated or Qualified 08/02/1989 04/17/1996				
	lace of Business		2a	. Mailing Address					4. FEI Number			Applied For	
				26					65-0197886			Vot Applicable	
22			27	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required	
	9	28	City & State					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip	<u>-</u>			Zip Country 30				_	This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
		Address of Curre		stered Agent					10. Name and Address of New Reg	gistered A	gent		
D'E	SPIES, KEVIN J					81	Nar	ne					
						82	Stre	et Addr	ess (P.O. Box Number is Not Acceptab	le)			
	II PAARIIVA	- 1 - 00010				83							
		•	•			84	City	,		FL	85 Zij	Code	
11. Pursuant i	to the provisions o	of Sections 607 050 or both, in the State	2 and 0 of Flor	607.1508, Florida Stat ida Such change was	tutes, the s author	abové ized by	e-nam the o	ed corp corporat	oralion submits this statement for the pion's board of directors. I hereby accept		changing ointment a	its registered is registered	
SIGNATURE													
	Signature, lypod or print	led name of registered ag					nt sign	ature requir	od when reinstating)	DATE	DIDECTO	NDC IN 10	
12.	PVD	OFFICERS AN	D DIRE	DELFTE		3. .1 11TLF			ADDITIONS/CHANGES TO OFFIC		Change		
NAME.	TINER, JAME	S I		L bett te		.2 NAME					E) Orlange	, La riodition	
STREET ADDRESS	2700 NE. 581					.3 STREET	ADDRE	22					
CITY-ST-ZIP	FT LAUDERD					4 OHY-S		~ }					
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NAME	TINER, JEAN	M-			2	2 NAME							
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CITY-ST-ZIP	FT LAUDERD	ALE FL			2	4 Crity - 9	ST-ZIP						
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NAME					1	.2 NAME		}	•	••			
STREET ADDRESS	·					.3 STREET		SS					
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CITY-ST-ZIP						.4 CITY- S		3.5					
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NAME					6.	2 NAME							
STREET ADDRESS					6	.3 STREET	ADDRE	ss					
CITY-ST-ZIP		_			6	4 CHY-S	T-ZIP						
14 Lab borot	ov certify that the	information europlic	d with t	this filipp door not our	alify for t	he ove	mplic	n ctated	Lin Section 119 07/3\(i) Florida Statutos	Lfurlbor	certify the	at tho	

Information indicated on this annual report or supplied with this filling does not quality for fine exemption stated in section 119.07(3)(), Florida Statutes. Fluriner 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an addiress.

OLOMATURE.

L TEAN TINER 4/23/97 954-771-71