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

	UMENT # L1776 CAPPED SALES WORKSHO								
Principal Place of Business Mailing Address						-			
4850 N. STATE 7 SUITE C LAUDERDALE LAKES FL 33319 US 2. Principal Place of Business 21		4850 N. STATE ROAD SUITE C TAMARAC FL 33319 US 28. Mailing Address 26							
					3. Date Incorporated or Qualified 09/19/1989	ified 3a. Date of Last Report 02/26/1996			
					4. FEI Number 65-0145557		Applied For Not Applicable		
Suite, Ap		Suite, Apt. #.	etc.			5. Certificate of Status Desired		-	Additional Required
Cily & Sta 23		City & State			,	Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	2ιρ 29	30	Country	y 		Yes [No	s. 199.032,
	9. Name and Address of Cui	rrent Registered Agent		81	Name	10. Name and Address of New Re	gistered A	gent	
	JDERDALE LAKES FL 33319			83	City		FL	11) Code
11. Pursuar office or agent. I	nt to the provisions of Sections 607 r registered agent, or both, in the S am familiar with, and accept the of	0502 and 607.1508, Florid tate of Florida. Such chan pligations of, Section 607.0	la Statutes, the ge was author 0505, Florida S	e abov ized b Statute	re-named c by the corpo es.	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of pt the appo	changing ointment a	its registered s registered
SIGNATURE	Signature, typed or printed number of registeres	d agent and little if populicable	(NOTE: Regis	lored Ag	ent signature re	equired when reinstating)	DATE		
12.		AND DIRECTORS	T	3.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	ORS IN 12
TITLE	D	☐ DE	LETE 1	.1 TITLE			1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition
NAME	LENIHAN, ELYSE		1	.2 NAME]				
STREET ADORESS			1	3 STAEE	1 ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL			4 CITY-	ST-ZIP				
TITLE		DE		.1 TITLE				Change	Addition
NAME	\		1	.2 NAME	1				
STREET ADDRESS	5				T ADDRESS	•			
CITY-ST-ZIP TITLE		DE		4 City- 1 Title	SI-ZIP			Change	Addition
NAME				.2 NAME				- Juniya	La Addition
STREET ADDRESS			1		T ADDRESS				
CITY ST-ZIP				.4. CITY-					
TITLE		☐ DE		1 TITLE	~ "			Change	Addition
NAME			4	. 2 NAME				_	
STREET ADDRESS	s		4	.3 STREE	T ADDRESS	4			
CITY - ST - ZIP			4	.4 CITY-	\$1-2IP	•			

6.4 CiTY-ST-ZIP CITY-SI-ZIP 14. I do hereby certily 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 eceiver 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 changed, or on an attachment with an address.

51 TITLE 52 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAM? STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

DELETE

DELETE

Change

Change

Addition

Addition

FILED

Jan 17 1997 8:00am

Secretary of State