FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L21306

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SCHILD	& PETERSON, P.A.		÷ 4		8 8 3 1 8 8 4 8 4 4 1 9 4 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1
Principal Plac	e of Business	Mailing Address			EIBIL BIBIL BIBIL BIBIL BIBIL BIBIL IBBI
234 NORTH KROME AVENUE HOMESTEAD FL 33030 US		234 NORTH KROME AVENUE HOMESTEAD FL 33030-6019 US			
				3. Date Incorporated or Qualified 10/05/1989	3a. Date of Last Report 01/29/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite. Apt. #, etc.		65-0149016	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation has liability for i	
24	25	29	[30]		Yes No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	DE C. PETERSON		O) (Varies		
234 N. KROME AVENUE			82 Street Ac	ddress (P.O. Box Number is Not Acceptab	le)
HOR	MESTEAD FL 33030		83		
			84 City		FL 85 Zip Code
office or r agent. I a	to the provisions of Sections 607.0/ registered agent, or both, in the Sta im familiar with, and accept the obli	le of Horida. Such change wa	is authorized by the corpo	orporation submits this statement for the p ration's heard of directors. I hereby accep	urpose of changing its registered of the appointment as registered
SIGNATURE	Signature Typed or priefled name of registered a	gent and title it mysteable (N	IOTE: Registered Agent signature re	quired when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	ST	DELFTE	1 1 TITEF		Change Addition
NAME	PETERSON, WADE C.		1.2 NAME		
STREET ADDRESS	1518 SARRIA AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	DELFTE	14 CITY- S1- ZIP		Change Addition
TITLE NAME			2.1 TITLE 2.2 NAME		Change C Addition
·			2.3 STREET ADDRESS		i
STREET ADDRESS CITY-ST-ZIP			2 4 CHY-ST-7IP		
TITLE		DETETE	3 1 1 ITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		i
CITY-ST-ZIP			3.4. CITY- \$1 - 7IP		
TITLE		DETETE	41 1174.6		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		Ì
CITY-ST-ZIP			4.4 CHTY- ST- 7IP		
TITLE		☐ DELETE	51 10 LF		Change Addition
NAME			5.7 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP		T Durar	5 4 CHY - ST - 7IP		Change Addition
TITLE		L_] DELETE	63 HML		L Change Adollon
NAME STOCKT ADDRESS			6.2 NAM!		
STREET ADDRESS			G 3 STREET ADDRESS		ĺ

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 receptor 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 any abarchment with an address.