## 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 # L26603

(5)

FLORIDA IN FOCUS, INC.

May 05 1997 8:00am										
Secretary of State										

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Principal Place	e of Business	Mailing Add	Iress			A TOOLIGIT GID LIGIT DITH BUILD OLIN ADDOR OLIN BURLL BURLL BURLL BURLL BURLL BURLL BURLL BURLL BURLL				
915 MIDDLE RIVER DRIVE SUITE 109 FT. LAUDERDALE FL 33304			RIVER DRIVE							
		SUITE 109 ET LAUDER	DALE FL 33304	1.3550		İ				
ri. Diguenun	LETE SSOT	TI. LAUDEIR	DALL TE 9000-	7 0000		3. Date Incorporated or Qualified 10/31/1989	3a. Date of 04/29/		eport	
2. Principal P	lace of Business	2a. Mailing /	Address			4. F£I Number			plied For	
21		26				65-0162224	Not Applicable			
Suite, Apt.	#, etc.		Suite, Apt #, etc.				\$	¢0.75		
22		27	27			5. Certificate of Status Desired		Fee Re		
City & State	9		City & State			6. Election Campaign Financing	9	<b>\$5.00</b> May Be		
23		28				Trust Fund Contribution			o Fees	
Zip	Country	Zip		Country	/	8. This corporation has liability for	intangible tax u	ınder s	199.032,	
24	25	29		30		Florida Statutes	Yes 🔲 No	)		
	9. Name and Address of Cur	rent Registered Age	ent			10. Name and Address of New Re	gistered Ager	it		
WAG	GMAN, DORIS M			81	Name					
481	1 N.W. 65TH AVE.			82	Street Add	ress (P.O. Box Number is Not Acceptab			· · · · · · · · ·	
	DERHILL FL 33319			02	Olifeet Add	mess (io. box intempor is not Acceptat.	no j			
				83						
		•						T =		
	$\wedge$			84	City		FL 85	Zip i	Code	
11. Pursuant	to the provisions of Sections 607 0	502 and 607.1508.1	Florida Statute	es, the abov	L e-named corr	poration submits this statement for the p	urnann af aba	<u>l</u> naina it	s registered	
office or r	egiste ed agent, or both, in the St	ite of Florida, Such	change was a	uthorized b	y the corpora	poration's board of directors. Thereby accep	ot the appoint	nent as	registered	
agent Fa	m tan nar with and accept the do		607.0505, FIO	rioa Statute	<b>S</b> .		storto	4		
SIGNATURE	Signature, typed or printed name of registered	gen and tile it applicable	(NOW	- Etunintered Am	and signed we recove	wed when reinstating)	you			
12,		NY) DIRECTORS	(1401)	18.	sin affinitive redu	ADDITIONS/CHANGES TO OFFICE	ERS AND DIR	FCTOR	S IN 12	
TITLE	OP		DELETE	1.9 T(TLE		NODITIONO, OTTA		Change	Addition	
NAME	WAGMAN, DORIS	-		1.P NAME			L.J	y nungo		
	4811 NW 65TH AVE.									
STREET ADDRESS	LAUDERHILL FL				ADDRESS					
CITY-ST-ZIP	LAUDENHILL I C		DELETE	1.4 CITY - 1	ST-ZIP	<del></del>		Nhones.	A statistics	
TITLE		L	_ DECEME	2.1 TITLE			LJ	Change	L. Addition	
NAME				2.₽ NAME						
STREET ADDRESS				2.8 STREET	ADDRESS					
CITY-ST-ZIP		····		2. 4 CITY -	S1-ZIP			····	.,	
TITLE		Ĺ	DELETE	3.1 THE			LJ	Change	Addition	
NAME				3.2 NAME						
STREET ADDRESS				3.8 STREE	ADDRESS					
CITY-ST-ZIP				3.4 CITY-	ST-ZIP					
TITLE			DELETE	4.F TITLE				Change	Addition	
NAME				4. 2 NAME						
STREET ADDRESS				4.8 STREE	ADDRESS					
CITY-ST-ZIP				4.4 CITY - 3	51-7IP					
TITLE	!		DELETE	5.4 TITLE				Change	Addition	
NAME				5.2 NAME	}					
STREET ADDRESS				5.8 STREE	ADDRESS					
CITY-ST-ZIP				5.4 CITY-1						
TITLE			DELETE	6.4 TITLE	71.5" · · ·	·····	П	Change	Addition	
NAME '				6.2 NAME			' البنيا	······y	.100,001	
					ADDRERA					
STREET ADDRESS				6.8 STREE						
CITY-ST-ZIP		P 1 24 N2 FC 7		6.4 CITY - 3	ST-2IP	12.0		w		

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 dorporation 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 if changed for on an attackment with an address.