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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	AL REPORT Secretary of State DIVISION OF CORPORATIONS			Secretary of State			
DOCUN 1. Corporation	MENT # 1.36479	(8)	44 61 8 1 °			I ANNI ANIN ANIN ANIN'A	811 91811 1881
Principal Prace	e of Business	Mailing Address		<u> </u>	—		
5722 S FLAMINGO RD # STE 295		5722 S FLAMINGO RD # STE 295					
COOPER CITY US	FL 33330	COOPER CITY FL 333305 US	3206		3. Date Incorporated or Qualified 12/15/1989	3a. Date of Last 04/05/1996	· .
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65-0159260	} -	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	T	Additional Required	
City & State	С	City & State			6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Ζ(ρ 24	Country 25	Zip 29	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) No		
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
	PANTE, JOSEPH						
	1 HAMMOCK LANE IBROKE PINES FL 33026			Street Add	Iress (P.O. Box Number is Not Acceptable)		
1 6(8	(DIONE I HEO I E GOLLA		83			····································	
			84	City		- 85 Zi	p Code
11. Pursuant office or reagent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the oblig	02 and 607 1508, Florida Statu of Florida. Such change was pations of, Section 607,0505, Fl	tes, the aboy authorized b lorida Statute	re-named cor by the corpora is.	poration submits this statement for the lation's board of directors. I hereby acce	pt the appointment	its registered as registered
SIGNATURE	Signature, typed or printed name of registered ag		TE Registered Ap	gent signature requ	ixed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	
TILE			1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Chang	
NAME			1.2 NAME	1			
STREET ADDRESS	1531 HAMMOCK LANE		1.3 STREE	T ADDRESS			
CITY - ST - ZIP			1.4 CiTY-	ST-ZIP			
TITLE	VD	☐ DELETE	2.1 TITLE			Chang	e [_] Addition
NAME	DEPANTE, KATHLEEN 1531 HAMMOCK LANE		2.2 NAME				
STREET ADDRESS	PEMBROKE PINES FL		2.4 CITY-	T ADDRESS			ĺ
CITY-ST-ZIP TITLE	D DELETE		3.1 TITLE	31-211		☐ Chang	e 🔲 Addition
NAME	PRESTON, VALERIE		3.2 NAME				
STREET ADDRESS	1601 PALM AVE #310C		3.3 STREE	T ADDRESS			
CITY-SI-7/P	PEMBROKE PINES FL	I Decete	3.4. CITY-	ST-ZIP		I I Chaon	a T T Addition
NAME		L. DELETE	4.1 TITLE 4.2 NAME	,		Chang	e Addition
STREET ADDRESS			i i	T ADDRESS			
City-S1-7IP			4.4 CITY-	- 1			
TITLE		☐ DELETE	5,1 TITLE			Chang	e Addition
NAME			5.2 NAME	[í
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIF TiTLE		DELETE	5.4 CiTY- 6.1 YITLE	S1-ZIP		Chang	e 🔲 Addition
NAME		L.J OLLLIL	6.2 NAME			Chang Ca	, regillor
STREET ADDRESS				T ADDRESS			
CITY-S1-ZIP			6.4 City-	ST-ZIP			
14. I do heret informatio I am an o appears in	by certify that the information supplie or, indicated on this annual report or flicer or director of the corporation o on Block 12 or Block 13 if changed,	ed with this filing does not qual suppleme Ial annual report is the ribeyor or trustee empor this pritischment with an ad	lify for the ex- true and acc wered to exe dress.	emption state urate and the cute this repo	d in Section 119.07(3)(i), Florida Statute at my signature shall have the same leg- ort as required by Chapter 607, Florida	es. I further certify the all effect as if made Statutes; and that m	at the under oath; that y name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 11 1997 8:00am