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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

ļ	1997	BITIOION				<b>↓</b>				
	MENT # <b>L42834</b> ING CORP.	(6)								
<u> </u>										
Principal Place	e of Business	Mailing Address	Mailing Address			C DUBRIDAL DIR DYDIR EINDE CHIBR BINIL BYDL	DIEN BIEN ENEN ENEN)	ALOR OFFIC	EIRIS IRBS	
1020 N.W. 51 ST FT. LAUDERDALE FL 33309 US		1020 NW 51 ST. FT. LAUDERDALE FL 33309 US								
						3. Date Incorporated or Qualified 01/17/1990	3a. Date (		eport	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	1 00/61/		plied For	1
21		26				65-0304077		No	t Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	0	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added		
Zip	Country Zip Ci			untry						
24	25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
R. HOFFMAN					Name					1
	NW 51 ST.			82	Street Addre	ess (P.O. Box Number is Not Acceptab	اما	.,,,,		┨
	LAUDERDALE FL 33309			"	Stippt Addit	ess (F.O. Dox Mulliper is NOL Acceptate	10)			1
				83						1
				84	City		16	5 Zip (	Code	1
				Ιİ	•			·   '		
office or r agent. La	to me provisions of Sections 607.05t egistered agent, or both, in the State medianiliar with, and accept the oblig	of Florida. Such change we altions of, Section 607.0505,	as authorize Florida Sta	d by tutes.	the corporati	oration submits this statement for the pion's board of directors. I hereby accept	ot the appoint	ment as	registered	
	Signature typed or printed name of registered ag			d Agen	t signature require	ad when reinstaling)	DATE			
12.	y	ID DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFIC				CR2E034 (9/96)
TIFLE	P DOCUMENT OFFICE	DELETE 11TI			İ		ليا	Change	Addition	9
NAME	HOFFMAN, STEVEN 1020 NW 51 ST.		1.2 N		000000					g
STREET ADDIRESS	FT. LAUDERDALE FL				ADDRESS					밁
CITY-ST-ZIP TITLE	V	₩ DELETE	2.1 T	ITY-SI	- ZIP			Change	Addition	┨だ
NAME	HOFFMAN, DARREN	E Diction	2.7 IIIL					onango.		
STREET ADDRESS	1020 NW 51 ST		1		ADDRESS					1
CITY - \$1 - ZIP	FT. LAUDERDALE FL			CITY - ST						
TILLE	S	☐ DELETE	31T					Change	☐ Addition	1
NAME	HOFFMAN, ROBERT		3.2 N	AME						
STRÉET ADDRESS	1020 NW 51 ST		3.3 S	TREET A	ADDRESS ]					
CHY-ST-7IP	FT. LAUDERDALE FL		3.4. (	CITY-SI	r-zip					
ŤΙΤĻĒ		DÉLETE	4.1 T	ITLE				Change	Addition	
NAME			4.21	VAME	ľ					
STREET ADDRESS			4.3 S	TREET /	adoress					
CITY - ST - ZIP				ITY-ST	- ZIP	***************************************		Á	1 4 4 4 4 4	1
TITLE		☐ DELETE	5.1 T		1		L.,	Change	☐ Addition	
NAME			5.2 N							1
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.4 C	ITY-ST	- <u>LIP</u>			Change	Addition	4
NAME		L Dettil	6.2 N				h	- Ameride	had nouncon	
NAME ADDRESS			0.2 %		*DOOLCC					1

6.4 CITY-ST-ZIP 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block 13

**FILED** 

May 02 1997 8:00am

Secretary of State